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*H. G. Curry JMC*

# REGULATIONS

FOR THE

## Letterman General Hospital



Presidio Of San Francisco  
California

1939



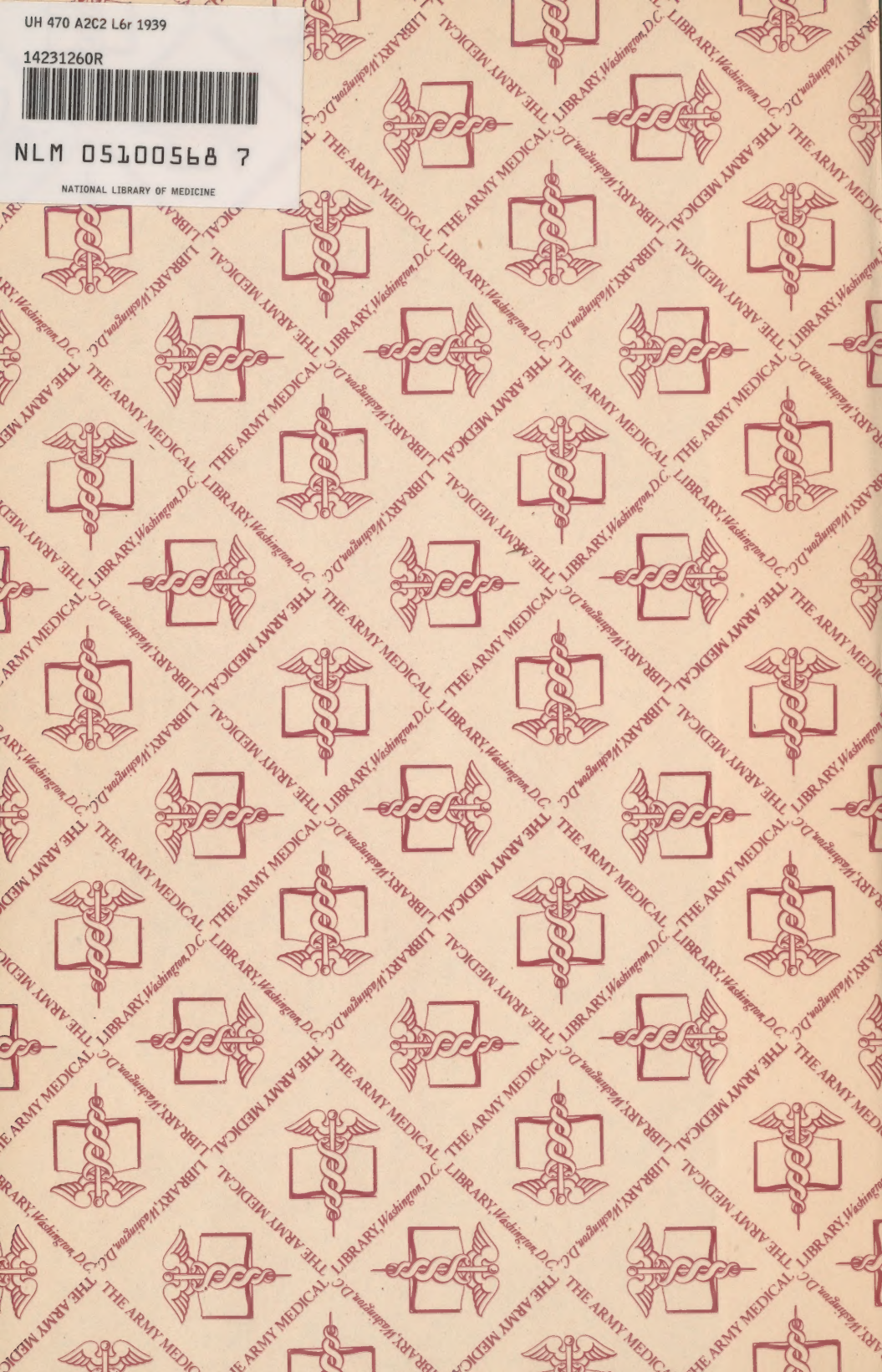
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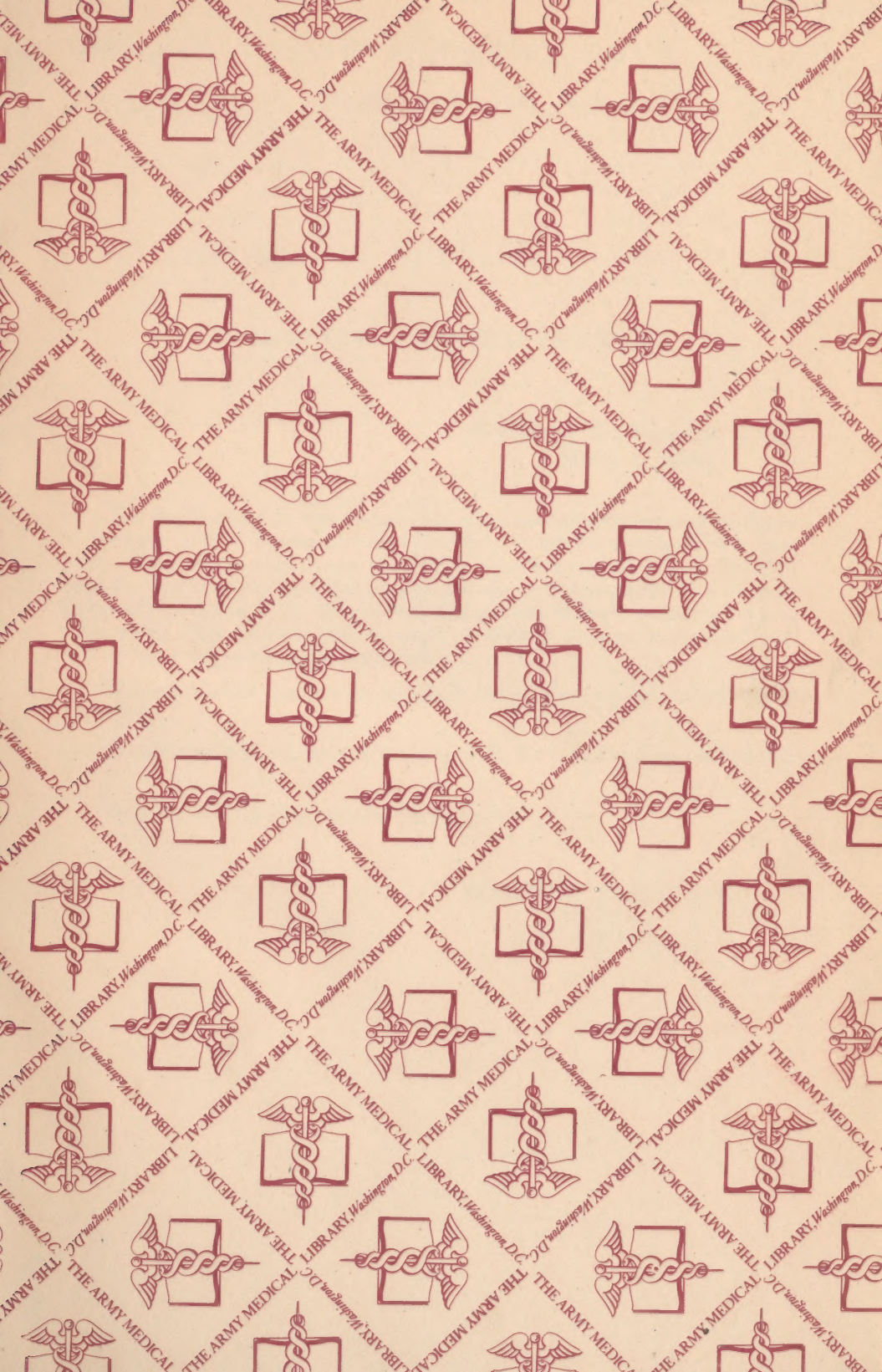


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ORGANIZATION

LETTERMAN GENERAL HOSPITAL

Presidio of San Francisco, Calif.,  
March 1, 1939.

The Regulations in this pamphlet are for the information and guidance of Patients, and of Personnel responsible for the administration of this hospital. They will be effective on the date of distribution, superseding the 1936 edition. It is contemplated that revised editions of this pamphlet will be published when warranted by the number of important changes—usually once in three years. Amendments will be made by official changes as required and will be securely pasted in the pamphlet.

Memoranda and instructions in conflict with these regulations are hereby rescinded.

Distribution will be made as prescribed by the Commanding Officer.

By order of Brigadier General BROOKE:

ROBERT C. McDONALD,  
Col., M.C.,  
Executive Officer.

## ORGANIZATION

1. **Basis of Organization.**—The general organization of this hospital is in conformity with the provisions of AR 40-590 and AR 40-600.

2. **Major Divisions.**—The hospital consists of two major divisions:

- a. Administrative.
- b. Professional.

3. **Composition of Administrative Division.**—a. The Administrative Division is divided into various departments under charge of officers designated as follows:

- (1) Executive Officer
- (2) Adjutant
- (3) Chaplain
- (4) Chief Nurse
- (5) Commanding Officer, Detachment Medical Department
- (6) Fire Marshal
- (7) Hospital Inspector
- (8) Medical Supply Officer
- (9) Mess Officer
- (10) Police Officer
- (11) Post Exchange Officer
- (12) Quartermaster
- (13) Recreational Officer
- (14) Recruiting Officer
- (15) Registrar
- (16) Summary Court Officer
- (17) Training Officer

b. All of the above officers are responsible directly to the Commanding Officer for the proper conduct and administration of their respective departments.

4. **Composition of Professional Division.**—a. The Professional Division consists of eight services as follows:

- (1) Dental
- (2) Eye, Ear, Nose and Throat
- (3) Laboratory
- (4) Medical
- (5) Nursing
- (6) Out-patient
- (7) Radiological
- (8) Surgical

b. The Professional Services are made up of various sections, as follows:

- (1) Dental Service
  - Operative Section
  - Oral Surgery Section
  - Prosthetic Section
- (2) Eye, Ear, Nose and Throat Service
  - Ear, Nose and Throat Section
  - Eye Section



- (3) Laboratory Service
  - Serology, Chemistry and Clinical Microscopy Section
  - Pathology Section
- (4) Medical Service
  - Cardio-vascular Renal Section
  - Gastro-intestinal Section
  - General Medical Section
  - Infectious Diseases Section
  - Neuro-psychiatric Section
  - Officers' Section
- (5) Nursing Service
- (6) Out-Patient Service
- (7) Radiological Service
  - Roentgenological Section
  - Radium Section
- (8) Surgical Service
  - Anesthesia and Operating Section
  - General Surgery Section
  - Genito-Urinary Section
  - Obstetrical Section
  - Orthopedic Surgery Section
  - Physiotherapy Section
  - Septic Surgery Section
  - Women's Section

Each professional service is in charge of an officer who is known as Chief of Service. Each section is in charge of an officer known as Chief of Section.

d. Each Chief of Service is responsible directly to the Commanding Officer for proper administration of his service; each Chief of Section to his Chief of Service and each Ward Officer to his Chief of Section.

## GENERAL DUTIES OF ADMINISTRATIVE STAFF

5. **Executive Officer.**—The Executive Officer is charged, under the direction of the Commanding Officer, with the coordination of all activities of the hospital and with the performance of such other duties as may be prescribed by the Commanding Officer.

6. **Adjutant.**—a. General. The Adjutant will perform the duties of his office as prescribed in Army Regulations. He will have charge of the Post Office and will exercise general supervision over the efficiency of the local mail service subject to existing Postal Regulations. He will exercise administrative supervision over the civilian employees, Medical Department, employed at this hospital, in matters relative to their assignment, pay, employment, etc., subject to existing regulations.

b. **Information office.**—The Adjutant will exercise such administrative supervision over the information office as will insure the proper routine maintenance of the following functions:

- (1) To maintain a continuous 24 hour service;
- (2) To maintain an index of patients and their location in this hospital;
- (3) To maintain a roster of seriously ill patients;
- (4) To maintain a roster of duty personnel.
- (5) To give official information regarding patients and duty personnel, except that requests for diagnoses will be referred to the Registrar;
- (6) To receive, receipt for and deliver, packages, telegrams, special delivery letters, flowers, etc., for patients in hospital. Special delivery letters and telegrams for duty personnel will also be received, receipted for and delivered. Record of receipt and disposition of all such packages, etc., will be kept in a book provided for the purpose.

7. **Chaplain.**—The Chaplain will perform the duties of his Corps as prescribed in Army Regulations.

8. **Chief Nurse.**—The Chief Nurse is under the immediate orders of the Commanding Officer of this hospital. She will have general supervision over all members of the Army Nurse Corps on duty at this hospital, will arrange their hours of duty, their assignment, have supervision over their mess, and be responsible for their discipline both on and off duty. She will bring to the attention of the Commanding Officer any serious breach of discipline on the part of a nurse or other occupant of the Nurses' Quarters. The Chief Nurse will be in charge of the Nurses' Quarters, the property contained therein, will be responsible for the comfort and well-being of the nurses under her, and for the proper keeping of the necessary records of the members of the Army Nurse Corps on duty at this hospital (AR 40-20).

9. **Commanding Officer, Detachment Medical Department.** — The Commanding Officer, Detachment Medical Department, will exercise immediate command over all enlisted personnel of the Medical Department on duty at this hospital, and supply such details, temporary or permanent to the different wards and departments of the hospital as may be required. He will be responsible for the discipline, instruction, training, equipment and uniform, quartering, and proper keeping of the necessary records of all members of his detachment.



## GENERAL DUTIES OF ADMINISTRATIVE STAFF

10. **Fire Marshal.**—The Fire Marshal is responsible to the Commanding Officer for all matters in connection with the provisions of the Fire Regulations at this hospital. He will make frequent inspection of the fire equipment and apparatus, and take the necessary action to maintain it in a proper condition at all times. He will conduct the fire drills at frequent intervals and will be responsible for the proper instruction of all members of the command in the operation of the fire equipment and apparatus for the thorough understanding of their respective duties in the event of a fire at the hospital.

11. **Hospital Inspector.**—a. The Hospital Inspector will act as Medical Inspector of the Hospital, (AR 40-270), Investigating Officer, (Paragraph 35, Manual for Courts-Martial, 1928), Surveying Officer, (AR 35-6640), and will make such routine and special inspections and investigations as may be prescribed by the Commanding Officer.

b. He will audit all public funds with the exception of the hospital fund and Post Exchange Fund at least once each month, reporting the fact of audit and any existing irregularities to the Commanding Officer.

c. He will make a monthly check of all alcoholics, narcotics, and habit forming drugs in the pharmacy and in the hands of the Medical Supply Officer, reporting the fact of inspection and existing irregularities to the Commanding Officer.

d. He will inspect and check, at irregular intervals, the narcotic books in all wards, noting facts and dates of inspection immediately after the last entries in the books.

e. He will prepare the monthly sanitary reports required by AR 40-275.

f. In conformity with the provisions of Paragraph 2 b (11), AR 210-70, he will make an inventory, at least once a month of such articles in the hands of accountable and responsible officers as may be designated by the Commanding Officer and upon completion thereof, report the fact of inventory and irregularities so discovered to the Commanding Officer.

g. He will make frequent inspections of all offices and departments of the hospital to insure that the regulations governing their operations are on file and are being complied with.

12. **Medical Supply Officer.**—The Medical Supply Officer is charged with the procurement, storage, and issue of all medical supplies at this hospital and is accountable for all medical property, except where other accountability is specifically designated by proper authority. He will submit the required requisitions, etc., and maintain the necessary property and other records pertaining to his office which may be required by existing regulations, AR 40-1705. The Medical Supply Officer is also in charge of the Laundry and is responsible for the proper general administration of the plant.

13. **Mess Officer.**—The Mess Officer will have charge of and be responsible for the administration of all that pertains to the Hospital Messes. He is Custodian of the Hospital Fund and, as such, is responsible that it is expended in accordance with existing regulations.

14. **Police Officer.**—The Police Officer is directly responsible to the Commanding Officer that a proper standard of police is maintained throughout the grounds, porches, walks, and such other departments of the hospital as may be



## GENERAL DUTIES OF ADMINISTRATIVE STAFF

placed under his charge. Details of convalescent patients to assist in the police of hospital will be supplied the Police Officer daily by the Professional Services of the hospital.

15. **Post Exchange Officer.**—The Post Exchange Officer is responsible for the general management, funds, and proper operation of the Post Exchange and its several activities at this hospital, in conformity with AR 210-65.

16. **Quartermaster.**—The Quartermaster will perform the duties prescribed in Army Regulations. In addition to the duties incident to that position as Quartermaster he will act as Signal Officer (AR 105-15). In his position as Quartermaster, he acts as Commanding Officer, Detachment Quartermaster Corps, and is responsible to the Commanding Officer for the proper administration of that detachment. He will exercise supervision over all civilian employees, Quartermaster Corps, at this station.

17. **Recreational Officer.**—The Recreational Officer has charge of all army recreational activities of this hospital, including the Service Club and the Hospital Radio.

18. **Recruiting Officer.**—The Recruiting Officer is responsible for all matters in connection with recruiting. (AR 600-750).

19. **Registrar.**—a. General. The Registrar is the Commanding Officer of the detachment of patients and will perform the duties as outlined in AR 40-590 and such additional duties as may be prescribed by the Commanding Officer. He will have charge of all sick and wounded records and reports pertaining to all patients. He will act as officer in charge of Veterans' Administration Records. He will exercise administrative jurisdiction in all matters pertaining to deaths and the disposition of remains, and make the reports in connection therewith which may be required by existing regulations. He will prepare the necessary notification to the nearest relatives or friends or seriously ill patients and also a notification when such patients have been removed from the seriously ill list. He will act as the Custodian of Patients' Funds and Valuables and will have charge of the Patients' Baggage Room.

b. Reports of Changes. To enable stations from which patients are received to maintain records of their personnel the Registrar will mail a report on Form 15, L.G.H., for each military patient, to the Commanding Officer concerned.

(1) For any patient not admitted through his own proper Station Hospital.

(2) For every patient returned to duty.

(3) See "Reports on Non-Pay Status of Military Patients."

20. **Summary Court Officer.**—The duties of the Summary Court Officer will be as outlined in Manual for Courts-Martial and such other War Department Regulations as may be applicable.

21. **Training Officer.**—The Training Officer is responsible for the professional training of officers and internes. He will prepare the necessary schedules of training in conformity with instructions from the Commanding Officer. He will keep the necessary records of officers and internes under training and arrange for their rotation on the several professional services and sections. For the purpose of training, officers will be divided into two groups:



## GENERAL DUTIES OF ADMINISTRATIVE STAFF

a. Officers of the Regular Army designated for the basic medical, basic surgical or specialist training, prescribed by The Surgeon General.

b. Officers of the Reserve Corps ordered to active duty.

22. **Professional Division.**—The duties and responsibilities of the component parts of the Professional Division are as outlined elsewhere in these regulations.

*Memo. # 3 March 26, 1840.*

## COMMISSIONED PERSONNEL

23. **Hours of Duty and Duty Groups.**—a. Routine. Office hours for officers on duty at this hospital will be from 9:00 AM to 4:30 PM daily, except Saturdays, Sundays, and holidays. On excepted days, office hours will end at noon. Chiefs of Services who desire to be absent from duty during office hours will so inform the Commanding Officer. Other officers will apply to their respective chiefs of service for authority. Authority to be absent twenty-four (24) hours or more will be granted only by the Commanding Officer.

b. Duty Groups — *Change memo #12 April 3, 40*

- (1) All officers at this station will be arranged in two duty groups, with team mates, by the Chiefs of their services and sections. As casualties occur in duty groups and team the arrangement will be amended. Duty groups will be designated as Group "A" and "B". Team mates will be designated by special function.
- (2) On week days and on notified special days, all duty groups and teams will be held available for duty during duty hours except when authorized to be absent.
- (3) On Sundays and national holiday mornings only one duty group and one member of a team will be required to be on duty, except when required for some specific duty as Officer of the Day, Emergency Officer, etc. Duty groups will serve alternately and the designated group for each Sunday or holiday will be published on the Officers' Bulletin Board. A team mate, in addition to service in duty groups, will be available for duty as relief for the other team mate when he is sick, absent, or excused and will automatically take over his mate's duties unless other arrangements have been made by superior authority.

24. **Report as to Members of Family; Changes in Address and Telephone Number.**—For use in preparing the directory of officers residing in San Francisco and the Bay cities and for local reference purposes, each officer on duty at this hospital will keep the Adjutant advised as to the following:

- a. Whether or not married.
- b. Names of adult children and adult members of family (if any).
- c. Residence address and telephone number.

25. **Leave of Absence.**—a. Applications. Applications for leave of absence should be submitted far enough in advance, of date desired, to permit the necessary consideration and action. Applications will be prepared in letter form in triplicate and submitted directly to the office under whose immediate jurisdiction the applicant is serving. This officer will indorse on the application his remarks relative to the granting of the leave of absence and will then forward it to the Commanding Officer. Application for leave of absence will contain the following information:

- (1) Amount of leave desired.
- (2) The date effective.
- (3) Statement that leave requested is not in excess of that accrued.



## COMMISSIONED PERSONNEL

(4) Whether or not a member of a War Department Board, and if so, its nature.

(5) Address while on leave. *Memo # 2 Operating journal*

b. Procedure.—Officers granted leave of absence of such duration as to necessitate relieving them from their assignment will not depart until they have accomplished a transfer to their successor of all property for which they are responsible. A clearance form will not be required for officers departing on leave, unless at the time of their departure it is known or anticipated that their station will be changed after leaving. Officers departing on leave of absence will report their departure to the Adjutant and to the Officer of the Day's Office. A similar procedure will be followed upon their return.

26. **Bulletin Board.**—All officers of this command will scrutinize the Officers' Bulletin Board daily and familiarize themselves with any instructions, orders or other publications which may appear thereon for their information and guidance.

27. **Relief of Officers from Duty.**—When an order is received relieving an officer from further duty at this hospital, either temporarily or permanently, the officer concerned will be so advised by the Adjutant. The order directing the relief from duty, copy of which will be furnished the officer concerned, will constitute the authority for the relief and no additional order will be issued from these Headquarters relative thereto, except the necessary order relieving the officer from his specific assignment. An officer being relieved from duty will, prior to departure, proceed as follows:

a. Notify the Quartermaster and furnish him with four copies of the order effecting his relief.

b. Settle all indebtedness with the Post Exchange, Letterman General Hospital; Post Exchange, Presidio of San Francisco; Hospital Fund, Letterman General Hospital, and return any books in his possession belonging to the Hospital or Medical Libraries.

c. Take the necessary action to be relieved of responsibility for any property issued locally on memorandum receipt, and obtain clearance from the Medical Supply Officer and the Quartermaster, which, if properly authenticated and presented to the Adjutant, will permit him to leave this station.

d. Report to the Officer of the Day's Office immediately prior to departure from hospital, after being relieved from duty.

28. **Officers' Assemblies.**—Routine assemblies of officers will be held as follows:

a. Administrative Conference. An administrative conference will be held in the Officers' Assembly Room on every Thursday at 11:50 AM. All officers will attend. At these conferences the Commanding Officer will discuss matters bearing on the administration of the hospital.

b. Hospital Staff Meeting.

(1) A hospital staff meeting will be held once each week. All officers of the Medical, Dental and Veterinary Corps will attend. The character of these meetings will be professional, their purpose being to present cases and papers on professional subjects for discussion.

## COMMISSIONED PERSONNEL

- (2) A record will be made of attendance and proceedings of each staff meeting to include:
  - (a) Name of officer presiding and of officer or officers making presentation.
  - (b) Subject under discussion.
  - (c) Patient's name.
  - (d) Nature of case with outstanding or unusual features.
  - (e) Abstract of each paper presented.
  - (f) Conclusion drawn from the study of each case presented.
  - (g) Name of recorder.
- (3) The record will be prepared under the direction of the Chief of Service under whose supervision the meeting is held and transmitted to the Adjutant for file. Heavy white paper approximately 8 x 13 inches will be used. One such sheet should ordinarily be sufficient for the record of each staff meeting.

c. Staff meeting, Medical and Surgical Services to be held periodically. The day, hour and place of meeting will be designated by the Chief of Service concerned. All officers assigned to the service concerned will attend. The purpose of these meetings will be to discuss professional and administrative matters pertaining to the service and to report unusual cases and cases which present diagnostic difficulties. Each week at one of these meetings an analysis of all deaths occurring on the services since the last meeting will be made. These analyses will consist of:

- (1) A review of the clinical records in the case by the Ward Officer or other officer most concerned.
- (2) A statement of the ante-mortem diagnosis with reasons therefor by the same officer.
- (3) A review of the autopsy protocol when autopsy has been made.
- (4) A discussion of the case by the Chief of Service or other officer designated by him. This discussion to bring out any apparent errors in connection with the medical or surgical care of the case and such advice as might tend to prevent such errors in handling of future cases of like nature.

d. Review of Professional Journals.—The Chiefs of the Medical and Surgical Services will cause all of the officers assigned to their respective service to meet periodically at a specified date and hour for the purpose of reviewing current professional journals or articles selected therefrom by the Chief of Service. Officers will be assigned journals or articles for review in advance of the meeting.

e. Autopsies.—All medical officers will attend autopsies unless prevented by urgent duties. Prior to the autopsy the Ward Officer who had the case in charge will review the patient's clinical record, present his diagnosis and the clinical evidence to support it. The meeting for this purpose will be conducted by the Chief of Service or his designated representative. Immediately upon completion of autopsy the Ward Officer will confer with the officer performing the autopsy with the view of ascertaining the primary and contributory cause or causes of death for subsequent use in completing the Death Certificate.



## ARMY NURSE CORPS

29. **Status.**—As regards medical and sanitary matters and work in connection with sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due their position.

30. **Nurses; Procedure on Arrival.**—Upon arrival at this hospital, all nurses will report immediately to the Chief Nurse for instructions and assignment to duty.

31. **Supervision.**—The Chief Nurse has supervision over all members of the Army Nurse Corps and the Nursing Service at this hospital. She will be obeyed and respected accordingly.

32. **Hours of Duty.**—The hours of duty for all members of the Army Nurse Corps will be as prescribed by the Chief Nurse.

33. **Nursing Service; Duties of Supervisors, Head Nurses and Nurses; Reports Rendered by.**—a. **Supervisors (general duties).**—Qualified members of the Army Nurse Corps will be detailed, when necessary, as assistants to the Chief Nurse, to supervise the nursing service of the hospital during the day or night tours of duty.

- (1) **Day Supervisor, duties of.**—The Day Supervisor will perform such duties as may be required of her by the Chief Nurse.
- (2) **Night Supervisor; duties of; reports rendered by.**—Nurses will apply to the Night Supervisor for instruction, when necessary, and will inform her, as soon as practicable, of any emergencies arising in their respective wards. Upon being relieved from duty in the morning she will make a written report of any unusual incidents of the night, and derelictions of duty on the part of the night nurses.

b. **Head Nurses, duties of; reports rendered by.**—The Head Nurse of the ward will serve as its responsible nursing head. Under the direction of the Ward Surgeon, she will have charge of the ward, patients, nurses, enlisted personnel, and other persons assisting in the nursing, care of the sick, and will be obeyed and respected accordingly. Her hours of duty will be the same as those of the other nurses, but ordinarily she will be required to perform night duty only one month in six. The Head Nurse will send the report of the nurses' time on duty to the Chief Nurse daily, not later than 7:30 AM, on the form provided for the purpose. She will report to the Chief Nurse concerning the efficiency of the nurses under her. She will be responsible for:

- (1) The receiving and recording of all orders relating to the care and treatment of patients in her ward.
- (2) The proper administration of all medicines and treatments.
- (3) The proper serving of all food in the ward.
- (4) The careful, accurate, and legible preparation of all ward records and routine reports as required. In this connection, particular care will be taken in maintaining the ward narcotic register.
- (5) The safeguarding of keys of ward cabinets containing liquor, opiates and poisons.

## ARMY NURSE CORPS

- (6) The checking and care of the ward property, also preparation of requisitions for needed supplies for the consideration and signature of the Ward Surgeon.
- (7) The cleanliness and order of the ward and its adjoining rooms.
- (8) The care of patients' effects, other than money and valuables, until transferred to the proper custodian.

c. Nurses, duties of; reports rendered by.—Nurses will perform such duties as may be required of them by the head nurses of their respective wards, under the direction of the Ward Surgeon. They will make a report of the work of their ward to the Chief Nurse at 7:00 AM and 6:00 PM, daily, on the form provided for the purpose. In order to minimize the number of night calls of the Professional Officer of the Day, night nurses will make every effort to obtain full instructions from him in regard to such matters as may be necessary, when he makes his evening rounds, or before 10:00 PM, if possible.

34. Procedure of Nurses on Relieving Others in Charge of Wards.—Nurses relieving others in charge of wards will accomplish and sign the statement on the back of the "Ward Morning Report," showing the date and time they assumed charge, and the number of patients to be accounted for, as shown by the ward records. In Wards No. S-1 and S-2, an actual physical count of all patients will be made before the statement referred to is accomplished. In other wards of the hospital, a similar check will be made upon relief of person in charge between the hours of 6:30 PM and 9:00 AM, only. Steps will be taken to satisfactorily account for absentees from check, and when they cannot be properly accounted for, report will be furnished the Ward Surgeon, or, in his absence, the Officer of the Day.

35. Procedure on Being Relieved from Duty; Clearances.—On departure from hospital, either by transfer or on leave, all nurses will report to the Chief Nurse's Office for a clearance slip, which will be completed as directed, and returned to the Chief Nurse before departure. The address of all nurses going on leave must also be furnished the Chief Nurse.



## ENLISTED PERSONNEL

36. **Assignment to Duty.**—Noncommissioned officers will be assigned by their respective organization commanders. Other enlisted personnel will be assigned to duties by First Sergeants in accordance with the instructions of the organization commanders. Enlisted personnel so assigned will be under the immediate jurisdiction of the senior member of the command on duty in the facility to which assigned, for all matters pertaining to their respective duties therein. All requests for additions, change in personnel or complaints will be made to the organization commanders.

37. **Organization of Medical Detachment Into Services.**—a. General. The Detachment Medical Department is organized into two services:

- (1) Administrative
- (2) Professional

b. **Administrative Service.**—The Administrative Service consists of all enlisted personnel, Medical Department, on duty in the several offices and departments of the hospital, whose duties are strictly non-professional. This service functions directly under the charge of the First Sergeant, Detachment Medical Department, who receives his instructions from the Commanding Officer, Detachment Medical Department.

c. **Professional Service.**—The Professional Service consists of all enlisted personnel, Medical Department, on duty in the professional division of the hospital, including ward attendants, men on duty in the clinics, laboratories, etc. This service functions directly under the charge of a noncommissioned officer, who will be furnished the necessary assistants for supervising the service during the twenty-four hour period. The hours of duty for each noncommissioned officer will be regulated and prescribed by the Commanding Officer, Detachment Medical Department, under whom the service functions. The Professional Service will cooperate with the Ward Officers and nurses to the end that efficient enlisted men will be supplied for the duties devolving upon this class of personnel. Privates First Class and Privates assigned to day duty on the Professional Service will report to the noncommissioned officer on duty in charge of the Professional Service group, between 6:30 and 6:55 A.M. at the entrance of the mess hall. Those assigned to night duty will report to the Professional Service office between 6:30 and 6:55 P.M. Upon reporting, each man will be inspected by the noncommissioned officer who will assure himself that each man is sober, clean, and in proper uniform.

- (1) To make all details and assignments, and exercise supervision over all enlisted men, Medical Department, within the Professional Service, under the jurisdiction of the Commanding Officer, Detachment Medical Department. He will make frequent check of such personnel to assure himself that all men detailed are actually on duty and performing their respective work satisfactorily. He will consult chiefs of service concerned on assigning and reassigning men on duty in their services. The noncommissioned officers in charge during the night tours of duty will make such complete rounds of wards during the night as may be prescribed in Memoranda issued from time to time.
- (2) Under the direction of the Commanding Officer, Detachment Medical Department, he will exercise supervision over the Information Office and properly maintain the required card rec-

## ENLISTED PERSONNEL

ords of that department. Information will be dispensed in a courteous and polite manner and visitors will be treated with every consideration.

38. **Conduct.**—a. **Gambling.** Gambling by any enlisted member of this command, in the hospital proper, the barracks, or on the surrounding hospital reservation, is prohibited.

b. **Smoking.** Smoking by enlisted men on duty is not permitted in wards, clinics, when serving or handling patients, when assisting officers and nurses, in kitchens, Mess Halls, food preparation rooms, or in elevators. Smoking at any time in storerooms, in shops where combustible materials such as paints and oils, are stored, is prohibited. Officers in charge of the various activities will designate suitable places available in their respective departments where smoking may be permitted and will require men under their supervision to confine smoking to such areas.

c. **Beer, wine, or other liquors and habit-forming drugs.**—The use, introduction or possession of intoxicating alcoholic liquors or habit-forming drugs on the military reservation without proper authority is prohibited.

d. **Loafing or Loitering of Unauthorized Persons in Barracks and Hospital.**—

(1) No unauthorized person will be permitted to loaf or loiter in or around the barracks. Enlisted men will not entertain visitors in the barracks; the Recreation room is provided for that purpose. The noncommissioned officers of this command will strictly enforce this regulation.

(2) Loitering or congregating in hallways, clinics, wards, storerooms, or administrative offices will not be tolerated. In order to avoid congestion of people in front of the Mess Hall at meal time, enlisted men will not leave their post of duty until meal hour. Enlisted personnel may visit in the wards during visiting hours but will not be allowed to visit in the operating room at any time.

e. The soliciting by enlisted men of free rides by thumbing occupants of passing motor vehicles is prohibited.

39. **Passes and Furloughs.**—a. **Special Privilege Cards.** Each enlisted man will be issued a special privilege card upon joining the command. This card will entitle the holder to leave the military reservation when off duty subject to future good conduct while a member of the command.

b. **Passes.**—The head of each administrative department and the noncommissioned officer in charge of the Professional Service will submit to the detachment commander concerned, by 9:00 AM daily, a list of all enlisted personnel under their respective jurisdiction who desire passes and whose services may be spared for the time specified. Pass forms will be accomplished by the Detachment Commanders and finally approved by them if for a period of twenty-four hours or less. Should the period of absence exceed twentyfour hours, and not exceed seventy-two hours, authorized by Army Regulations, the pass will be transmitted to the Adjutant for approval.



## ENLISTED PERSONNEL

After final accomplishment, passes will be transmitted to the First Sergeant or noncommissioned officer in charge of quarters who will issue them to the soldiers when they report for uniform inspection immediately prior to departure. Passes will be turned in to the First Sergeant or noncommissioned officer in charge of quarters immediately upon soldier's return from absence.

c. Furloughs.—Applications to be absent for a period great than seventy-two hours will be made as "furlough applications" and submitted directly to the Detachment Commander concerned.

40. **Lights in Barracks and Service Club.**—Lights will be extinguished in barracks at 9:00 PM. Lights in Service Club may burn until 11:00 PM. Due economy will be exercised by all concerned in the use of electric current.

41. **Sleeping out of Quarters.**—Enlisted men are prohibited from sleeping out of quarters unless authorized to do so by the Detachment Commanders.

42. **Uniform.**—The uniform of the members of this Command will be that prescribed by Army Regulations and memoranda issued by the Commanding Officer from time to time. *Mem # 2. 3/26/40. Operating gear*

43. **Calls.**—Calls for this command are as follows:

Reveille .....	6:00 AM
Breakfast—	
Duty Personnel .....	6:15 AM
And .....	7:15 AM
Patients—	
Diet Carts .....	6:50 AM
Table Service .....	6:30 AM
Cafeteria Service .....	7:00 AM
Venereals .....	6:30 AM
Fatigue Call .....	7:00 AM & 1:00 PM
Recall .....	11:30 AM & 4:00 PM
Dinner—	
Duty Personnel .....	11:30 AM
And .....	12:00 Noon
Patients—	
Diet Carts .....	11:30 AM
Table Service .....	11:30 AM
Cafeteria Service .....	12:00 Noon
Venereals .....	11:30 AM
Sick Call—	
Week days .....	1:30 PM
Saturdays, Sundays and holidays.....	9:00 AM
Supper—	
Duty Personnel .....	4:30 PM
And .....	5:00 PM
Patients—	
Diet Carts .....	4:30 PM
Table Service .....	4:30 PM
Cafeteria Service .....	5:00 PM
Venereals .....	4:30 PM

## ENLISTED PERSONNEL

44. **Issues of Clothing.**—Clothing will normally be issued to the members of the Detachments but once quarterly, as provided for in Army Regulations 35-6560. Such issues, will, as a general rule, be made on or about the 15th of the first month of each quarter. Those desiring to draw clothing will submit request therefor to the First Sergeants on Form 35 AGO not later than the 10th of the first month of the quarter. In the preparation of these requests care will be taken to give the correct size and description of clothing desired. Only in cases of emergency will issues of clothing be made at any other time. All articles of worn-out or unserviceable clothing will be turned in at the time of issue of new clothing.

45. **Laundry Service.**—Laundry service for members of the Detachments is furnished by the Government Laundry at Alcatraz, California, at the rate of \$1.50 per month. Those desiring to avail themselves of this service will be required to observe the following procedure:

a. Laundry must be properly listed on the prescribed forms furnished for this purpose, bundled and turned over to the noncommissioned officer in charge not later than 8:00 AM on Friday of each week.

b. In the event a shortage is discovered upon return of the laundry, such fact will be reported immediately to the noncommissioned officer in charge, who will make a personal check of the contents of the bundle in order that the necessary affidavits may be executed by the owner and himself in support of a claim for shortage. Failure to observe these instructions will bar the owner of the right to submit a subsequent claim.

46. **Promotions and Ratings.**—Chiefs of Services and Heads of Departments of this hospital, having enlisted personnel assigned to duty under their jurisdiction, who believe they merit promotions or specialist ratings, should write a recommendation to that effect to the Detachment Commanders concerned. These recommendations will be retained in the office of the Detachment Commanders and when vacancies occur they will be referred to before promotions or specialist ratings are awarded. The officers submitting the recommendations should be guided in each case as to the qualifications of the individual, bearing in mind that for promotions to the grade of private first class, the soldierly qualities are of paramount importance, such as military bearing, suitability for various assignments, loyalty to superiors, neatness and continued good conduct; while for a specialist rating, the special aptitude and qualifications for the position for which the rating is authorized should be considered first. In connection with recommendation for specialist ratings, attention is invited to Paragraph 6 a, AR 615-20.

47. **Government Property.**—It is the duty of every one in the service to properly care for and safeguard Government property at all times. The members of the Detachments are responsible for the care and safeguarding of Government property where they are on duty as well as the property issued to them individually and recorded and receipted for on Individual Equipment Record. Losses of and damages to property should be reported at once. The wrongful selling or trading of Government property is a serious offense. Individual equipment and clothing should be kept clean, and foot and wall lockers should be kept neatly packed and locked at all times. All unserviceable clothing and equipment



## ENLISTED PERSONNEL

should be returned to the Detachment Supply Office. All men going on detached service, furlough, or being admitted to hospital, if able, will, before leaving, turn in all equipment, surplus clothing and effects to their respective Detachment Supply Offices.

48. **Noncommissioned Officer in Charge of Quarters.**—a. The Commanding Officer, Detachment Medical Department, will detail a permanent noncommissioned officer in charge of quarters.

b. The duties of the noncommissioned officer in charge of Medical Detachment quarters will be to preserve order and discipline in the barracks of the Detachment Medical Department. He will make such inspections as to sanitation and police as the Commanding Officer, Detachment Medical Department, may prescribe. He will be in charge of the billeting of the detachment. In his office he will maintain a file of the members of the detachment showing their bed number and place of duty. When members of the detachment absent themselves without leave, he will at once secure the effects of the absentee and turn them in to the Detachment Property Office, making proper list and record of his action. He will notify the enlisted members of the operating room staff and the enlisted men on emergency duty in the laboratory when their services are needed. He will awaken the cooks at the proper time and will make the rounds of the barracks to see that the other members of the detachment are up and in a condition to perform their duties at the proper time.

c. A suitable enlisted man will be detailed as an assistant to the First Sergeant of the Quartermaster Detachment whose duty will be to see that the detachment barracks are maintained in a proper state of police at all times; also that the laundry of the members of the detachment is collected, properly listed and forwarded to the laundry at the prescribed time.

49. **Emergency Roster.**—The Commanding Officer, Detachment Medical Department, will prepare daily a roster of six Privates and Privates First Class, Medical Detachment, who will be available for emergency duty. This roster will be sent to the office of the Noncommissioned Officer in charge of quarters where it will be posted. A copy will also be posted on the Detachment Bulletin Board. The men so detailed will not leave the reservation during their tour of duty, and will keep the noncommissioned officer in charge of quarters notified of their whereabouts.

50. **Training.**—All enlisted men below grade three of this command, will, during the training period of the Detachment Medical Department, stand drill and inspection formations unless excused by this headquarters. The period of training and subject matter to be covered will be published annually.

51. **Venereal Prophylaxis.**—All members of the Detachments who have had illicit sexual intercourse will, at once, upon their return to this hospital, report to the designated station, and there receive such cleansing and prophylactic treatment as may be prescribed by the War Department, unless they have previously and after the last illicit intercourse taken prophylactic treatment at some other military prophylactic station.

## CIVILIAN EMPLOYEES

**52. General.—a. Supervision.** The Adjutant and the Post Quartermaster will exercise administrative supervision over civilian employees of the Medical Department and the Quartermaster Corps respectively.

**b. Physical examination.**

- (1) A physical examination will be given applicants for all positions to determine the physical fitness of the applicant to perform the duties required except in the case of temporary employees of the Quartermaster Corps. This examination will be made by the Outpatient Service and no person will be employed who fails to pass the required physical examination.
- (2) All civilian barbers and male civilian food handlers will be examined once each month by a representative of the Outpatient Service to determine their freedom from communicable diseases. To accomplish this, the head of the department concerned, that is, the Mess Officer, Chief Nurse, and Post Exchange Officer will each furnish the Chief of the Outpatient Service a list of all barbers or food handlers in their respective departments. This list will be in duplicate and transmitted to the Chief of the Outpatient Service between the 10th and 15th of every month. Upon receipt of the list referred to above, the Chief of the Outpatient Service will arrange for the examination and, upon completion thereof, furnish a certificate to the head of the department concerned setting forth the result of the examination so far as communicable diseases are concerned. In the event that communicable diseases is discovered, the Chief of the Outpatient Service will either hospitalize the case or recommend to this office his discharge from the service depending on the circumstances and the character of the disease.
- (3) The Post Exchange Officer, Chief Nurse, and Mess Officer will each keep a record showing the names of employees, the date of examination upon employment and result thereof, and the dates and results of subsequent monthly examinations. The certificates furnished by the Chief of the Outpatient Service will be retained as part of this record.

**53. Hours of Duty.**—Hours of duty for civilian employees will be as follows: a. For clerks and stenographers—9:00 AM to 4:30 PM, except on Saturdays and Sundays. On Saturdays, 8:30 AM to 12:30 PM.

b. For other employees the 44 hour week will govern. Hours of arrival and departure will be regulated by the Officer in Charge so as to meet the needs of the service.

**54. Absence on Account of Sickness.**—Employees absent from duty on account of sickness will report such fact immediately to the officer in charge of their department or office. Upon return to duty, a physician's certificate will be furnished as required by War Department regulations. If such certificate is satisfactory to the officer in charge, the employee may be paid for time absent on account of sickness, if not in excess of that allowed by law.



## CIVILIAN EMPLOYEES

**55. Injuries in Line of Duty.**—An employee injured in line of duty will report as soon as possible to the Outpatient Service for examination and treatment. A report of such injury will be rendered to the Adjutant or the Quartermaster as soon as practicable, on the form provided by the Employees' Compensation Commission (Form C.A. 1).

**56. Leaves of Absence.**—a. Requests for leave of absence from clerks, stenographers, laundry employees, and mess attendants will be forwarded to the Commanding Officer for approval through the officer in immediate charge of the employee.

b. Requests for leave of absence from aides, dietitians, and maids will be forwarded to the Commanding Officer for approval through the Chief Nurse and the officer in immediate charge of the employee.

c. Requests for leave of absence from Quartermaster employees will be forwarded direct to the Quartermaster who is authorized to take final action on the request within the prescribed limits.

d. Leaves of absence will be so regulated as to interfere least with the work of the hospital.

**57. Absence from Duty.**—Heads of departments and services will promptly report the beginning and termination of all absences from duty of civilian employees to the Adjutant or the Quartermaster for Medical Department and Quartermaster Corps employees respectively. Absences from duty will be noted in the Daily Report.

**58. Resignation.**—An employee desiring separation from the service will submit his resignation to the officer through whom employment was secured.

**59. Relief from Duty.**—Upon being relieved from duty prior to transfer to another station or separation from the service, civilian employees will be required to obtain a clearance from those departments of the hospital with which they have had financial dealings. Employees residing in the Nurses' Quarters will report to the Chief Nurse, prior to their departure on leave or relief from service, for the necessary clearance, and should at the same time leave their address.

## PROFESSIONAL DIVISION

60. **General.**—The Professional Division consists of eight services, viz., Dental, Eye, Ear, Nose and Throat, Laboratory, Medical, Nursing, Outpatient, Radiological, and Surgical.

61. **Duties of Chief of Service.**—The senior officer assigned to duty in each service will be in charge of that service and will be known as the Chief of Service. The duties and responsibilities of a Chief of Service are:

- a. General supervision over the entire service.
- b. The issue of such orders and formulation of such regulations for the operation of the service as may be necessary.
- c. The assignment of officers to sections, wards and other activities within the service. *memos 40 4-22-40. Ans. made by C.O. on recommendation of staff.*
- d. Responsibility for the administration, sanitation, and police of wards, sections, and other activities pertaining to the service, and the professional care of patients thereon.

e. Responsibility for the maintenance of clinical records and that records are examined and corrected before they are transmitted to the Registrar.

62. **Assistant Chief of Service.**—In addition to his other duties a medical officer may be detailed as assistant Chief of Service by the Chief of Service.

63. **Chiefs of Sections.**—Each Section of a Service will be conducted by a designated medical officer who will be known as the Chief of Section. He will be responsible to the Chief of the Service for the administration and operation of his section including care and treatment of all cases in that section.

64. **Staff Meetings.**—Chiefs of Services will arrange for Service Staff Meetings and Groups for the review of professional journals.

65. **Disposition Board.**—a. Whenever an officer or Warrant Officer may require action by a retiring board or transfer to another hospital, the Chief of Service concerned will cause the patient to be reported to a Board of Officers convened by the Commanding Officer and known as the Disposition Board. Similar action will be taken in the case of an officer or Warrant Officer, who, although considered fit for duty, believes himself to be in need of further treatment, transfer to another hospital, action by a retiring board, or change of station.

b. Officers or Warrant Officers ordered to the hospital for examination and report as to their physical fitness for service, for observation of defects discovered at physical examination, and those in which there may be a question of doubt as to proper disposition, will also be referred to the Board.

c. The Disposition Board will act upon any other special cases referred to it by the Commanding Officer.



## PROFESIONAL DIVISION

d. The Disposition Board will examine the patient and report to the Commanding Officer their opinion as to physical fitness for military service and submit specific recommendations as to disposition of the case, either continuance of treatment in hospital or quarters, action by a retiring board, return to duty, transfer to another hospital or any other action that they may consider advisable to best conserve the welfare of the patient. A synopsis of the patient's medical history will be incorporated in the proceedings of the Board.

e. The Chief of the Medical Service, the Chief of the Surgical Service, and the Chief of the Officers' Section, Medical Service, will constitute the Disposition Board.

*Rec. 66. See memo # 107. July 5 1940. —*  
Reports.—The Chief of each Service will submit at the end of each month a consolidated report in duplicate on Form 111, L.G.H., of the number of outpatients in the various sections of their services. With this object in view, they will cause every chief of section on which outpatients are treated to maintain an outpatient index in conformity to the requirements of AR 40-1070.

## LABORATORY SERVICE

67. **General.**—The Laboratory Service functions primarily as part of the Professional Division of this hospital. It also functions as a Corps Area Laboratory for the Ninth Corps Area, and as such will perform such laboratory examinations and research work as may be required of Corps Area Laboratories, as set forth in Army Regulations 40-305.

68. **Chief of Service.**—The duties of the Chief of the Laboratory Service are:

a. General charge of the laboratory.

b. Supervising the performance of such examinations as are requested thereof by ward officers, making reports of the same directly to the officer concerned.

c. Supervision of the Basal Metabolic Laboratory;

d. General charge of the morgue including care of bodies of deceased persons (until turned over to the proper undertaker), performance of post-mortem examinations, preparation of protocols and preservation, classification, storage and disposition of pathological specimens.

e. Such laboratory service and consultations on matters of sanitation as are required by Army Regulations 40-305, of Commanding Officers of Corps Area Laboratories.

f. Such other duties as the Commanding Officer may direct.

69. **Emergency Detail.**—There will be at least one commissioned officer in the laboratory during the period of regular duty and a competent enlisted technician will be on emergency duty throughout the twenty-four hours.

70. **Record of Examinations.**—There will be maintained in the laboratory a record of all examinations made.

71. **Procedure in Requesting Examinations.**—a. Requests for laboratory examinations will be made in duplicate on the Medical Department Blank Forms provided for that purpose. Requests for examinations not included in the printed Medical Department forms will be made on Form 55u (Laboratory Report, Miscellaneous). A check mark beside any particular item or items appearing on the form may be used to indicate which examinations are desired, or additional items may be written on the form where indicated. Requests which are not checked by item will be given the regular routine examination.

b. Routine specimens and requests (except from the Outpatient Service), will be sent to the laboratory not later than 9:30 AM. Specimens and requests from the Outpatient Service may be sent to the laboratory at any time during office hours. Specimens will be brought to the laboratory by ward attendants and not by patients.

c. Requests for emergency examinations will receive prompt attention and have precedence over routine work. Extreme care will be exercised in making emergency requests and, in all cases, such requests will be signed by a medical officer.

d. **The Wassermann Test.**—Specimens for routine Wassermann test will be collected on Mondays and Thursdays. Patients whose condition permits will be sent to laboratory between 8:00 and 10:00 AM. The blood of strictly bed patients and all female patients in hospital will be collected in the wards by lab-



## LABORATORY SERVICE

oratory personnel. The requests for bed patients will bear the notation "Bed patient" and the number of the bed, and will be forwarded to the laboratory before 10:00 AM. Requests for Wassermann tests will be prepared on Form 55q, M.D. All First Requests for the Wassermann test at this laboratory will invariably be accompanied by "The Wassermann Card," Form 97, M.D., properly executed and signed by a medical officer.

e. **Blood Chemistry.** Specimens for blood chemistry examinations will be collected from hospital patients on Mondays and Thursdays, and from Outpatients on Tuesdays. Glucose tolerance, Icterus index and Rosenthal tests will be made by appointment. Patients whose condition permits will be sent to the laboratory at 7:00 AM without breakfast. In the case of bed patients and all female patients in hospital, the specimen will be obtained on the ward by laboratory personnel. Requests for bed patients and female patients will specify the number of the ward and bed and be forwarded to the laboratory on the day before examination. Emergency examinations will be made on any day requested.

f. **Spinal Fluid.**—Spinal fluids for serological examination will be collected by an officer designated by the chief of the service concerned, in sterile containers furnished by the laboratory. Specimens accompanied by the proper request for examination will be delivered to the laboratory not later than noon on Mondays and Thursdays. It is essential that spinal fluids be sent to the laboratory immediately after removal from the body.

g. **Darkfield Examinations.** Patients requiring darkfield examinations will be reported to the the laboratory at 1:30 PM, except Saturdays, Sundays and holidays.

h. **Tissues for Histo-Pathologic Examinations.**—All tissues will be accompanied by Form 55w, properly executed. Tissues which are not sent immediately to the laboratory should be placed in 10% Formalin (4% Formaldehyde Solution) which can be obtained at the laboratory; if the tissue is not in a preservative, it will be sent immediately to the laboratory and delivered in person to some member of the laboratory staff. When a study of frozen sections is desired, the pathologist will be notified as early in advance as practicable.

i. **Protein Hypersensitiveness.**—Examinations for protein hypersensitiveness will be made at the laboratory by appointment. Requests (Form 55u, M.D.) will be forwarded to the laboratory and will specify the nature of the affection and the type of protein suspected (pollen, food, epidermal or bacterial).

j. **Basal Metabolism Determinations.** The Chief of the Laboratory Service or his representative will make the appointment for the examination direct to the ward or office of the Chief of the Outpatient Service including details for the preparation for the test.

k. Requests for sterile solutions for intravenous use will be signed by the officer making the request.

72. **Use of Proper Containers.**—Proper containers for the collection of specimens will be used in every case. Such containers may be obtained at the laboratory in sufficient numbers to supply immediate needs only. All specimens will be labeled with the name of the patient and ward to which assigned. The use of adhesive plaster for specimen labels is prohibited.

## LABORATORY SERVICE

73. **Autopsies.**—The Chief of the Laboratory Service, or one of his assistants, will conduct all authorized postmortem examinations and will preserve a record of all autopsies performed.

74. **Preservation of Specimens.**—Valuable and interesting specimens obtained in autopsies or operations will be preserved and forwarded to the Army Medical Museum accompanied by pertinent data (Army Regulations 40-310).

75. **Blood Transfusion.**—a. The Chief of the Laboratory Service will select a sufficient number of suitable donors to meet the requirements of this hospital and keep an available list of them in his office. He will prepare written instructions governing the method of selection, the necessary medical supervision and the manner of keeping the records. Any member of the Detachment Medical Department, this hospital, who is physically qualified and who complies with the requirements outlined by the Chief of Laboratory Service, may have his name placed on the donors' list on application. Donors are selected from this as nearly in rotation as practicable.

b. Although this list of donors is maintained primarily for the purposes of this hospital, requests for donors are frequently received from various hospitals in the City of San Francisco and from civilian physicians. In an endeavor to cooperate with the civilian medical profession, the Chief of Laboratory Service is permitted to select suitable donors in rotation from the list maintained in his office, to volunteer their services in fulfilling these requests, provided that a suitable number of donors of each type are always available for use at this hospital.

c. Requests for blood transfusions for patients in this hospital will be prepared in triplicate on Form No. 26, L.G.H. (Transfusion Record), and sent to the Chief of the Laboratory Service. Upon receipt of such request, the Chief of the Laboratory Service, or his representative, will type the patient. He will then secure a suitable donor and examine him for evidence of recent venereal or other infection. In each instance the temperature of the donor will be taken. Having completed the examination he will enter name of the donor and other required information on Form 26, L.G.H., and send them with the donor to the officer requesting the transfusion.

d. The officer requesting the transfusion will then ascertain, personally or by telephone, from the Chief of the Surgical Service, or his representative, the name of the surgeon who is to perform the transfusion and the place and time of operation. At the time designated he will send the donor and patient with the three Forms No. 26, L.G.H., to the place indicated.

e. After the transfusion has been performed the operating surgeon will complete Forms No. 26, L.G.H., sending one to the officer requesting the transfusion for file with the patient's clinical record, one to the Chief of the Laboratory Service, and the third to the person responsible for the preparation of vouchers for payment.

f. All requests for donors from sources outside this hospital will be referred to the Chief of the Laboratory Service or his representative and only those donors selected as outlined above will be authorized to volunteer their services in response to such requests. Any member of this command who serves as donor for transfusion without being called by the Laboratory Service will be subject to disciplinary action for violation of this order and his name will be



## LABORATORY SERVICE

permanently removed from the list of donors. Men who act as donors at civilian hospitals or for civilian physicians do so voluntarily and may, if their duties permit, be furnished a pass by the Commanding Officer, Detachment Medical Department, for such length of time as may be necessary for this purpose. No responsibility is assumed by this hospital or the military service for payment of, or accident or injury to, men on pass for the purpose of volunteering their services as donors away from this hospital.

g. The normal allowance for a transfusion is \$15.00; plus \$2.00 for each 100 cc's of blood.

76. **Disposition of Bodies.—a.** Bodies of deceased persons will be properly prepared and removed to the morgue. The Chief of the Laboratory Service, or his representative, will be responsible for the care of bodies held in the morgue and will turn them over to the undertaker, or other person, only on written authority of the Registrar or the Officer of the Day.

b. The person removing the body from the morgue will acknowledge receipt thereof on the copy of the order authorizing removal. This record will be filed in the laboratory.

- (1) The Chief of the Laboratory Service or his assistant will act as the Commanding Officer's representative to supervise the preparation of the remains for burial, including verification of the employment by the undertaker of effective and scientific embalming process where embalming is required, including vessel injection and ligation after autopsy. Interstate and local ordinances concerning burials and shipment of remains will be scrupulously observed.
- (2) He will also act as an inspector for the Quartermaster, and as such will require the undertaker to fulfill the terms of his contract or employment.
- (3) He will also inspect each body after it is properly clothed (See Paragraph 8, A.R. 30-1820) and ready to be placed in the casket and will file in the hospital a signed record of the fact of compliance with the above requirements.

## EYE, EAR, NOSE AND THROAT SERVICE

77. **General.**—The Eye, Ear, Nose and Throat Service will function for the examination and treatment of the Eye, Ear, Nose and Throat patients in hospital and for those patients referred to it by Ward Officers and by the Outpatient Service.

78. **Hospital Patients.**—Hospital cases will ordinarily be treated in the wards set aside for the Eye, Ear, Nose and Throat Service but when inter-current disabilities are present, they may be treated in wards set aside for those particular disabilities.

79. **Outpatients.**—Outpatients will be treated in the Eye Clinic or the Ear, Nose and Throat Clinic only when referred thereto by the Chief of Outpatient Service. They will not be required to pass through the Outpatient Service, however, for subsequent treatments of the initial ailment.

80. **Operations.**—Rescinded.

81. **Reports.**—a. When a hospital patient is referred to the Eye Clinic or the Ear, Nose and Throat Clinic for examination, the Ward Officer will prepare and sign in duplicate either Form No. 59, L.G.H. "Eye Case Record" or Form No. 57, L.G.H. Ear, Nose and Throat Case Record" and forward it to the clinic. On receipt of the form, the Ward will be advised as to the date and hour the patient is to appear for examination.

b. Routine examinations and routine hearing and vision tests will be made by the Ward Officer. Only in cases of suspected eye, ear, nose and throat pathology, will patients be referred to this section for examination and report. A copy of the completed report will be returned to the ward for file with the clinical record.

c. When an outpatient is referred to the Eye, or the Ear, Nose and Throat Clinic by the Chief of the Outpatient Service two copies of Form No. 59, L.G.H., "Report of Eye Examination," or Form No. 57, L.G.H., "Report of Ear, Nose and Throat Case," whichever is applicable, will accompany him. When the required treatment or examination has been made, a report will be prepared and sent to the Chief of Outpatient Service. The original will be filed in the clinic.

82. **Records.**—a. The Chief of Service will maintain an outpatient index, as prescribed in Paragraph 10, A.R. 40-1070, and will be responsible for the proper indexing and recording of all pertinent data concerning all outpatients examined and treated.

b. The Chief of Service will prepare reports of operation (Form 55k, M.D.), for all operations performed in the Eye, Ear, Nose and Throat operating room, the original of which will be transmitted to the proper ward officer for file with patient's clinical record and the duplicate filed with the records of the clinic.



## RADIOLOGICAL SERVICE

83. **Procedure to Obtain Roentgenological Examinations.**—Requests for roentgenological examinations will be prepared in duplicate in the wards or departments of the hospital requesting such examinations, using M.D. Form 55i, clearly stating the part to be examined and the provisional diagnosis and signed by the officer making the request. Requests coming from nearby organizations will be prepared in the office of the Chief of the Outpatient Service. Requests for roentgenological examinations of patients in hospital will be sent to the laboratory by messenger, and will not accompany the patient except in emergency. Requests for emergency examinations of bed-side examinations will be marked "Emergency" or "Bed-side" on the face of the form. All dental X-ray examinations will be made in the X-Ray Laboratory of the Dental Service. Requests for such examinations will be sent to the Chief of that service.

84. **Preparation of Reports.**—Reports in every case will be prepared in duplicate, one copy going to the officer requesting the examination for attachment to the patient's clinical record and the other copy for file in the X-ray Laboratory. On the last day of each month, the Chief of Service will prepare and transmit to the Commanding Officer a report of the activities of the service during the month.

85. **File of Records and Roentgenograms.**—A record of every roentgenological examination made and roentgen therapy given will be filed in the X-ray Laboratory. All records will be accurately indexed before filing and will be so filed as to be readily accessible. All roentgenograms will be stored in the fire-proof filing room. All roentgenograms temporarily removed from the file room will be signed for by a member of the hospital staff or his designated representative who will assume all responsibility for them until they are returned. Roentgenograms and reports will not be furnished to patients unless so ordered by the Commanding Officer. Demonstrations of roentgenograms by the Chief of Service or his assistant will be held between 1:00 PM and 2:00 PM, and officers are urged to take advantage of this consultation hour.

86. **Roentgen Therapy.**—All requests for Roentgen Therapy will be prepared in duplicate, using M.D. Form 55i and forwarded to Chief of Radiological Service. The clinical record will accompany the patient when sent to the Roentgen Therapy Clinic, and a record of treatment will be entered on M.D. Form 55g by the Roentgenological Section.

87. **Radium Therapy.**—The Chief of the Radiological Service will be directly responsible for the safe keeping and application of radium.

All requests for Radium Therapy will be prepared in duplicate using M.D. Form 55i and forwarded to the Chief of Radiological Service.

The clinical record will accompany the patient when sent to the Radium Therapy Clinic, and a record of the treatment will be entered on M.D. Form 55g by the Radium Section.

## DENTAL SERVICE

**88. Organization.**—The Dental Service will constitute a unit of the Professional Division of the hospital. It will include all officers of the Dental Corps, members of the Army Nurse Corps, enlisted men assigned to Dental Service, and such other personnel as may be assigned to it by proper authority. The Dental Service will be sub-divided into the following sections:

- a. Operative.
- b. Prosthetic.
- c. Oral Surgery.

**89. Chief of Service.**—The senior officer assigned to duty in the Dental Service will be in charge of that service and be known as the Chief of the Dental Service. His duties and responsibilities in general will be:

- a. General supervision over entire service.
- b. The issuing of such orders and formulation of such regulations for the operation of the service as he may consider necessary.
- c. The assignment of officers on that service to specific duties.
- d. Responsibility for the administration, sanitation, and police of operating rooms, clinics, and other activities pertaining to his service.
- e. Responsibility for the technical training of enlisted and civilian personnel assigned to the Dental Service.
- f. Responsibility for the performance of the annual survey of enlisted men of the various detachments as prescribed in AR 40-500.

**90. Priority in Dental Treatment.**—Dental treatment will be given at this hospital in the following priority:

- a. All personnel requiring emergency treatment.
- b. Patients in hospital for dental treatment only.
- c. Patients in hospital where local infection has a probable bearing on their hospitalization.

(Examinations requiring x-ray surveys will not be requested unless above condition exists).

d. All hospital duty personnel and all military personnel on active duty, where dental treatment is not otherwise provided for.

e. Retired personnel and families of active duty personnel when practicable.

**91. Dental Examination and Treatment of Patients in Hospital.**—Except in cases of emergency, patients in hospital who require dental examination and report, or dental treatment, will be sent to the Dental Clinic at 9:00 AM daily except Sundays and holidays, accompanied by Form 16, LGH, prepared in duplicate. This report will show the patient's name, status, etc., whether referred for treatment or examination, or both, the patient's diagnosis, his probable duration of hospitalization, together with any remarks pertinent to the case, with special reference to the presence of syphilis in the infectious stage, whether the case is of an emergency nature and requires immediate attention and whether bedside examination is required. This form will not be entrusted to the patient but delivered to the office of the Chief of the Dental Service at the time the patient reports. Upon completion of the examination of patient,



## DENTAL SERVICE

the dental officer making the examination will note the result on both the original and duplicate Form 16, L.G.H., return the original to the Ward Officer and file duplicate with the records of the Dental Service. The routine dental examination of patients in hospital is not contemplated and will not be requested unless there be an occasion for such examination. Leaves, furloughs, or passes which might interfere with dental treatment will not be granted without consultation with the Chief of the Dental Service.

**92. Dental Treatment of Out-Patients.**—a. Officers and members of the Army Nurse Corps on duty at this hospital who require dental treatment will report to the Outpatient Service for original appointment with the Chief of the Dental Service.

b. Enlisted men of the various duty detachments who require dental treatment will have their names placed on the Daily Sick Report to the Chief of the Out-Patient Service. The Chief of that Service will refer the enlisted man to the Chief of the Dental Service and at the same time transmit to the Chief of the Dental Service a copy of Form 16, L.G.H., in duplicate, as prescribed in Paragraph 91 above.

**93. Dental Emergency Officer.**—A Dental Officer will be detailed by roster by the Chief of Dental Service for the purpose of examining patients referred to the Dental Service for examination, for the treatment of emergencies, and for the survey of enlisted men of the command as required by Army Regulations. Dental Officers on duty at this station will serve as Dental Emergency Officer in rotation for periods of one week; the weekly tour will begin and end at 9:00 AM each Monday. During his tour he will keep the Officer of the Day's Office constantly informed where he can be reached by telephone. The Chief of the Dental Service will furnish the Adjutant with name of the officer to be detailed as Dental Emergency Officer at least twenty-four (24) hours before the detail becomes effective.

**94. Appointments.**—The Chief of the Dental Service will prepare an appointment card, Form 4, L.G.H., for patients in hospital who are given dental appointments and will send the card to the Ward Officer of the ward to which the patient is assigned. Ward Officers will be responsible that patients under their charge for whom dental appointment cards are received are required to report to the Dental Clinic promptly at the designated hour or, if such patient is unable to keep the appointment, are responsible that the Chief of the Dental Service is so notified in advance.

**95. Procedure in Special Cases.**—a. Patients with suspected fracture of the jaw will be referred to the Dental Service immediately upon admission. In the event the patient is admitted at other than duty hours, the Dental Emergency Officer will be notified.

b. When a patient is admitted to the Ward for Dental treatment only, the Ward Officer will immediately notify the Chief of the Dental Service who will expedite treatment with a view to his early discharge.

## DENTAL SERVICE

96. **Responsibility for Dental Patients in Hospital.**—The Ward Officer of the ward to which a patient in hospital for “dental treatment only” has been assigned is responsible for the discipline, care, etc., of the patient, and for the preparation and maintenance of the patient’s clinical record.

97. **Reports.**—a. The Chief of the Dental Service will advise the Ward Officer one (1) day in advance of completion of treatment of a patient in hospital for dental treatment only in order that the Ward Officer may take the necessary steps for discharge of the patient from hospital.

b. Upon completion of treatment in each case, the Chief of the Dental Service will furnish the Ward Officer with a copy of the patient’s case record, Form 79, M.D. (Par. 5, AR 40-1010), which will be attached to and become a part of patient’s clinical record.



## OUTPATIENT SERVICE

98. **Functions.**—a. The Outpatient Service will serve as a Dispensary AR 40-550 for the personnel on duty with Headquarters Ninth Corps Area, military personnel living in San Francisco and the Bay cities, for the personnel of this command and Fort Mason.

b. Officers and soldiers assigned to regular organizations at Fort Winfield Scott, Presidio of San Francisco, Fort McDowell, and Fort Baker, under treatment by the Outpatient Service at this hospital, may, when necessary and with the acquiescence of the Surgeon concerned, be placed in a status of quarters from a duty status by the Chief of the Outpatient Service. In such cases the Chief of the Outpatient Service will act in an advisory capacity only to the surgeon of the command concerned, furnishing him with the necessary data for the register of sick and wounded. The Chief of the Outpatient Service will retain professional control over the patient when necessary and will inform the Surgeon concerned of any changes in the status of the case.

c. Militarized persons of organizations referred to above will be changed from a hospital to a quarters status in the following manner: Upon approval by the Chief of Service concerned the patient will be transferred formally to the station to which he belongs. Subsequent administrative action will be the responsibility of the of the surgeon of the command concerned. When agreed to by the surgeon of the command concerned and the Chief of Outpatient Service the latter will retain professional control of the case until final disposition is effected. Clinical records will be completed in the same manner as for duty cases.

99. **Special Duties of Chief of Service.**—a. He is responsible for the professional care of patients entitled to medical attention other than those admitted to hospital.

b. He will arrange that medical attendance is available for authorized persons calling at the Dispensary during the prescribed office hours and for emergency sick calls within the city limits of San Francisco.

c. He will act as Surgeon for the Letterman General Hospital and as such will arrange for the prescribed sick call and necessary physical examinations including examinations of recruits, immunization procedure, etc., as may be required. He will maintain the necessary records pertaining to these duties.

## OUTPATIENT SERVICE

- (1) He will arrange for such consultation or examination by the chiefs of the various professional services or chiefs of specialist sections as he may consider advisable and refer to them those cases which require specialist's treatment, certain days of each week being designated for special clinics. He will notify in advance the service concerned should no appointments be made. No professional service or section in this hospital will treat outpatients other than those properly referred thereto by the Chief of the Outpatient Service.

<b>Surgical Service—</b>	<b>Day of Week—</b>	<b>Hour—</b>
Pre-Natal Clinic	Wednesday	1:30 PM.
Orthopedics	Thursday	1:30 PM.
Gynecology	Tuesday	1:30 PM.
Genito-Urinary and Dermatology	Thursday	1:30 PM.
General Surgery	Friday	2:30 PM.
<b>Medical Service—</b>		
<b>Cardio-Vascular—</b>		
Renal	Friday	1:30 PM.
Gastro-Intestinal—		
Metabolic	Thursday	1:30 PM.
Respiratory	Friday	1:30 PM.

- (2) He will make appointments, issue appointment cards, give necessary preliminary treatment (iodekon, etc.), and issue special instructions to patients who require special roentgenological service.

d. He will exercise supervision over the Pharmacy.

e. The Chief of Outpatient Service is charged with the control and the responsibility for the operation of venereal prophylactic stations for the personnel of this command in accordance with the provisions of Paragraph 4 a and b, AR 40-235. He will maintain a file of venereal prophylaxis reports (Medical Department Forms No. 77) for all prophylaxis administered and will dispose of them as prescribed in the above quoted regulations.

100. **Emergency Medical Officer.—a.** A medical officer to be known as the Emergency Medical Officer will be detailed daily from the roster prepared by this headquarters for duty with the Outpatient Service. His tour of duty will be from 4:30 PM of one day to 9:00 AM of the following day, except Saturdays, Sundays and holidays, when it will be from 12:00 noon of one day to 9:00 AM of the following day. During his tour of duty he will be required to keep the Officer of the Day's office constantly informed where he can be immediately reached by telephone. He will respond promptly to all calls received from the Officer of the Day's office or calls received direct from those entitled to outpatient medical attendance. At the termination of his tour of duty he will submit a report of each case visited to the Chief of the Outpatient Service on the card provided for that purpose.

b. During hours other than those prescribed for duty at the hospital, the duties of the Chief of the Outpatient Service as regards medical attendance for patients applying in person at the Dispensary will be assumed by the Officer



## OUTPATIENT SERVICE

of the Day. Outpatients who require treatment at their homes at hours other than regular hospital hours will be attended by the Emergency Medical Officer.

c. A suitable Emergency Medical Kit, with standard equipment approved by the Chief of the Outpatient Service, will be kept in the personal possession of the Emergency Medical Officer during his tour of duty. The kit will be obtained from the office of the Chief of Outpatient Service at the time the Emergency Medical Officer reports for duty.

101. **Records and Reports.**—a. The Chief of the Outpatient Service will maintain an outpatient index as prescribed in paragraph 10, AR 40-1070, and will be responsible for the recording of all pertinent data concerning persons treated.

b. Immediately upon completion of the required physical inspection of enlisted men on duty at the hospital (AR 615-250), he will report in writing the result to the Commanding Officer, giving the date upon which the examination was held, the number of venereal cases found and the disposition of such cases, together with any other information of which the Commanding Officer should be cognizant.

c. He is authorized to transmit pencil originals and carbon duplicates where required for dental, laboratory, X-ray, or consultation requests (Form 55).

- (1) The Chief of each Professional Service will on the first day of each month render a report to the Chief of the Outpatient Service showing the number of treatments given outpatients during the preceding month in the various departments and sections of the hospital, under his jurisdiction, where outpatients are treated. The treatments given will be enumerated separately for the following classes of outpatient personnel:
  - (a) Regular Army (commissioned and enlisted)
  - (b) Training units (ROTC - CMTC - Organized Reserves)
  - (c) Civilians (dependents of active and retired personnel, etc.)
  - (d) C.C.C.
  - (e) Veterans.
- (2) Patients in hospital will not be reported. Patients seen in the Outpatient Clinic proper by various consultants representing the different hospital services will not be included in the report of the chief of a Professional Service as such patients and treatments will be reported by the Chief of Outpatient Service. The Chief of the Laboratory Service will report the total number of pollen extract sensitization tests given to outpatients without reference to classification of personnel or distinction between test and treatment. Each visit of a patient will be reported as a treatment.
- (3) The Chief of the Outpatient Service will consolidate the above reports of work done in the Outpatient Service proper and furnish to the Registrar each month a consolidated report showing the total amount of outpatient work done in this hospital. He will, however, report separately the work done on outpatients by the Dental Service, which will not be included in the consolidation mentioned above.

## OUTPATIENT SERVICE

- (4) The Registrar will include the information thus obtained from the Chief of the Outpatient Service in the Report of Sick and Wounded, reporting the dental work done on outpatients separately.
- d. On the last day of each month he will submit a report to the Commanding Officer containing the following information:
  - (1) Number of patients treated (by classes).
  - (2) Number of treatments (by classes).
  - (3) Number of physical examinations conducted (by classes).
  - (4) Number of persons carried in quarters (by classes).
  - (5) Summary of work — to include number of office visits, quarters visits, babies attending clinic, and new admissions to baby clinic.

*See Memo 108  
Completely changed*



## PHYSIOTHERAPY

102. **Procedure and Records—**a. Patients requiring physiotherapy treatments will be examined by their Ward Officers or by a medical officer at the Outpatient Service. Requests for treatment will be prepared in duplicate on Form No. 8, L.G.H. The diagnosis will be signed by the Officer who requests treatment.

b. The Aide in charge will send appointment slips to the wards after receiving requests for treatments. The Charge Nurse will be responsible for the delivery of appointment slips to the patients. She will also be responsible for the promptness and regularity of the patients reporting for treatments. Outpatients reporting to the Physiotherapy Section for treatment will receive their appointments from the Aide in charge.

c. A record will be kept of each patient treated and will show the following: Name, status, diagnosis, condition at beginning of treatment, any change of treatment, appropriate notes on the progress of the case and condition on completion of treatment. A duplicate will be furnished for file with the Clinical Record.

d. When a patient is considered cured or has reached maximum improvement, the medical officer in charge of the case will notify the Chief of Physiotherapy Section who will discontinue treatments. The original request on Form No. 8, L.G.H. will be returned to the ward or to the Outpatient Service. The duplicate will be kept on file in the Physiotherapy Section.

## GENITO-URINARY SECTION

103. **Treatment and Records of Syphilitics.—**a. The provisions of this paragraph apply to military personnel only. Instructions regarding syphilis among other classes of personnel will be issued by the Commanding Officer in memoranda from time to time.

b. All salvarsan treatments will be administered under the direction of the Chief of Section or one of his commissioned assistants. The Chief of Section will prescribe such days as he may deem best for the administration of this treatment and all patients, both hospital and out-patient cases, undergoing treatment requiring the administration of salvarsan will be present on those days.

c. As prescribed in Paragraph 6 c, AR 40-235, in all cases of syphilis in which the initial diagnosis is made at this hospital, Syphilitic Registers (Medical Department blank form), will be instituted by the Chief of the Genito-Urinary Section. He will review all cases prior to discharge in so far as the syphilis is concerned. He will complete all registers as far as the treatment administered and laboratory examinations made at this hospital are concerned and forward same to the Registrar for transmittal to the surgeon of the patient's station.

d. Patients from other posts who are to be treated at this hospital will be instructed when to report by the Chief of Section. The Chief of Section will obtain the patients' Syphilitic Registers from their station surgeon. Under no circumstances will a patient from another post be permitted to complete a course of treatment at this hospital without appropriate notation having been made in his register.

e. When a military patient who has syphilis is to be separated from the service, his Ward Officer will notify the Chief of the G. U. Section. The latter

## GENITO-URINARY SECTION

will explain to the patient the necessity for uninterrupted completion of treatment after he leaves the service. The Chief of the G. U. Section will also furnish the patient with a written summary of the clinical features of his case and of treatment received, so prepared as to enable other physicians to continue the treatment intelligently. A copy of this summary, signed by the patient, will then be incorporated in his syphilitic register and an additional copy will be sent to the Registrar who will forward it to the State Health Officer of the state in which the patient intends to reside. The officer who prepares the summary will include the patient's prospective future address as indicative of the state in which he intends to reside.

## ORTHOPEDIC SECTION

**104. Treatment and Records.—a.** Patients other than those admitted directly to the wards of this section will be given treatment by this section on request prepared as follows:

- (1) When an orthopedic consultation is desired for patients in wards other than those pertaining to this section or for whom it is desired that orthopedic appliances be furnished, the responsible officer will initiate a consultation request (Form No. 63, L.G.H.), and forward it to the Chief of Orthopedic Section in the usual manner. The clinical record of such patients will accompany the consultation request. Upon receipt of the latter, the Chief of Orthopedic Section, if the patient is ambulant, will designate a time and place for examination. Upon the conclusion thereof, there will be entered on the consultation request the findings and recommendations of the examining officer with a statement in appropriate cases as to when and where the patient will report for treatment, measurements for prosthetic appliances, etc.
- (2) For non-ambulatory cases on whom an orthopedic consultation is required, a request will be similarly initiated and upon receipt thereof by the Chief of the Orthopedic Section, the latter or one of his commissioned assistants will visit the patient in his proper ward and make such examinations and recommendations as may be pertinent.
- (3) Cases referred for orthopedic consultation by the Chief of the Outpatient Service will be instructed to report for examination in the Outpatient Clinic at 1:30 PM Thursdays.

**b.** A workshop for the manufacture of artificial limbs, braces, splints, and other orthopedic appliances will be maintained by this section. It will operate under the immediate charge and direction of the Chief of the Orthopedic Section with such civilian employees and enlisted men, Medical Department, as may be assigned to it by proper authority. All materials or appliances emanating therefrom will be authorized in writing by the Chief of Section only and no work of any nature will be done in the workshop except on written authority given by the Chief of Section. Beneficiaries of the U. S. Veterans' Bureau who are patients in this hospital will be furnished orthopedic appliances in appropriate cases, provided they remain in hospital during the manufacture and fitting of same. Such appliances will not be furnished to this class of patients on an Outpatient Status.

**c.** The clinical records will be maintained in the wards of the Orthopedic Section as in other section except that in all cases of fracture a separate form (Fracture Record, Form No. 9, L.G.H.), will be accomplished and maintained as a part of the clinical record. A record will be kept in the Orthopedic Workshop of all appliances manufactured and repairs made on appliances. An outpatient index prescribed in Paragraph 10, AR 40-1070, will be maintained in the Office of the Chief of the Orthopedic Section.



## ANESTHESIA AND OPERATING SECTION

**105. Duties of the Chief of Section.**—The duties of the Chief of Section, in general will be as follows:

a. He will be in charge of the Operating Pavilion, the personnel assigned thereto, and the property therein.

b. He will instruct and supervise anesthetists and other personnel assigned to the Section and will be responsible for the proper administration of anesthetics (local and general) and the post-operative care of patients until they are delivered to the authorities in their respective wards. He will assure himself that no general anesthetic is administered until the anesthetist has been furnished with the Report of Pre-Operative Examination (Form No. 28, L.G.H.).

c. He will requisition supplies and equipment required for the proper operation of the Section and will be responsible for the care, safeguarding, and proper use thereof. He will, on the last day of the month, check all property for which he is responsible, reporting any overages or shortages to the Medical Supply Officer.

d. He will be responsible for the maintenance of a sufficient stock of surgical dressings in the Operating Pavilion and Surgical Dressing Preparation Room and such dressings are properly prepared, adequately sterilized, and systematically stored; also that issues of properly sterilized surgical dressings are made to those sections and wards requiring them.

e. He will consult with the Chief of the Surgical Service and will prepare, twenty-four hours in advance schedules of operations to be performed.

f. He will be responsible for the good order, cleanliness, neatness, and proper maintenance of the Operating Pavilion and its equipment and the Surgical Dressing Preparation Room.

g. He will be responsible for the readiness of the Operating Pavilion at all times to meet any surgical emergencies that might arise.

**106. Emergency Operating Staff.**—There will be detailed daily, by the Chief of Section, a qualified anesthetist, a member of the Army Nurse Corps, and one enlisted man, all of whom will be available during the entire twenty-four hour period, starting at 9:00 AM, as assistants to the Officer of the Day in such surgical emergencies as may arise. The names of those so detailed will be reported to the Officer of the Day's Office and the personnel so detailed will be instructed not to leave the hospital during their periods of duty and to keep the Officer of the Day's Office constantly advised of their whereabouts. Nurses on call for emergency operating room duty will be notified through the Office of the Chief Nurse or Night Supervisor.

**107. Duty Hours.**—The Operating Pavilion will be open from 7:00 AM until completion of the day's work. All doors and windows will be closed and locked by the last member of the Operating Room staff to leave the Operating Pavilion each day.

## OFFICERS' SECTION

108. **General.—a.** Only such patients as may be authorized treatment on officer status will be admitted to this Section.

b. Printed instructions will be given to each patient upon his admission to this Section for his guidance while in the hospital.

c. Promptly upon admission of a patient he will be examined by the Chief of the Officers Section, or his assistant, who will decide upon the professional section to which he should be assigned for proper observation and treatment, and who will notify the chief of that section accordingly—either in person, by telephone, or in writing. The Chief of Officers Section will be responsible for proper care of the patient until the selected section chief actually sees patient and accepts responsibility. In case of doubt as to the nature of the illness, the Chief of Officers Section will be responsible until diagnosis is sufficiently clear to indicate to which section the case properly belongs, after which the patient will be turned over for further professional care to the appropriate Chief of Section as prescribed above.

109. **Treatment in Quarters.**—Under exceptional circumstances and when it is considered to be to the best interests of the service, an officer or Warrant Officer patient sick in hospital whose home is in San Francisco or one of the bay cities, may be transferred, if he so desires, to the Outpatient Service for treatment in quarters. When in the opinion of the Chief of Section or the Medical Officer having the case in charge such transfer is indicated, the recommendation for transfer will be made on Form No. 20, L.G.H., in accordance with the procedure outlined in these regulations.

110. **Payment of Hospital Charges.**—Regulations require pay patients to settle their indebtedness for hospital charges in full before leaving the hospital, or promptly at the end of each month if they continue in hospital. Should the hospital charges against a patient in the Officers' Section remain unpaid on the fifth of the month immediately following the month in which they are incurred, the Mess Officer will make immediate report to the Commanding Officer.

111. **Sick Leave.**—An officer patient desiring sick leave will make application in writing to the Commanding Officer through the Chief of Service concerned and the Medical Officer having immediate charge of his case. The Chief of Service will transmit the application to the Commanding Officer by indorsement in conformity with the requirements of Paragraph 17, AR 605-115.

## INFECTIOUS DISEASES SECTION

112. **General.**—The Infectious Diseases Section will treat all cases of infectious diseases in the hospital and such other cases as may, in the opinion of the Chief of the Medical Service, require isolation for special reasons. The wards assigned to this section will be selected and arranged with a view to providing necessary facilities for segregation and isolation.

113. **Clothing and Personal Hygiene, Ward Personnel.**—a. All personnel on duty in this section, before coming in close contact with infectious patients, will cover their uniforms or street clothing with gowns. Masks will be worn for individual protection against infection when, in the opinion of the Chief of Section, they are considered necessary.

b. Rubber gloves will be worn by all attendants in handling cases of enteric infections, such as typhoid and para-typhoid fevers, cholera, bacillary dysentery, etc., and in such other cases as may be designated by the ward officers.

c. Basins containing two per cent solution of Liquor Cresolis Compound, bottles of hand lotion, and a supply of towels will be kept on small tables at convenient locations in the Isolation Wards and all personnel will be instructed by the Ward Officer to disinfect their hands with disinfectant solution after handling each patient. Fresh solution will be placed in these basins as frequently as may be indicated.

d. The clothing of patients admitted to ward in Infectious Diseases Section, will, after disinfection (if indicated), be sent to the Patients' Baggage Room.

114. **Laundry.**—All soiled bed linen, hospital clothing of patients, towels, and other articles of hospital linen which have been in contact with patients suffering with contagious diseases will be placed in a sack, securely tied, and sent to the Disinfecting Plant for sterilization before it is delivered to the hospital laundry, provided, in the opinion of the Chief of the Medical Service, such procedure is necessary to prevent the spread of infection. Linen of this character which has been soiled by excreta or discharge from the respiratory tract will be soaked in a five per cent solution of liquor cresolis compound for at least thirty minutes prior to being placed in a sack as prescribed above, if, in the opinion of the Chief of the Medical Service, such procedure is necessary to prevent the spread of infection.

115. **Dishes and Tableware.**—All dishes and tableware used in the Infectious Diseases Section, after being washed, will be placed in a steam sterilizer and sterilized with live steam for at least fifteen minutes. Following this they will be allowed to dry spontaneously. In special cases, to be designated by the Chief of Section, individual patients will be issued personal dishes and tableware which will be washed and kept separately for the designated individual at all times. Meals will be served on metal trays which can be sterilized in the steam sterilizer after each meal.

116. **Waste Disposal.**—a. Urine and Feces. In all cases of enteric infections and in such other cases as may be prescribed by the Ward Officer, urine and feces will be thoroughly sterilized with cresol before they are consigned to the sewer.



## INFECTIOUS DISEASES SECTION

b. **Sputum.**—Metal sputum cups will not be used in the Contagious Section. Metal holders for paper sputum cups will be sterilized by soaking in two per cent Liquor Cresolis Compound twice weekly.

c. Each patient will be provided with a supply of paper towels or napkins to be used in place of handkerchiefs which, after they are used, will be placed in a paper bag to be attached to the bed in a position convenient to the occupant thereof.

d. The paper bags and paper sputum cups referred to above will be renewed daily, the used ones being placed in a special covered waste pail for transportation to the incinerator. Two cans will be available for this purpose so that one may be always on hand in the ward for the reception of this infectious material. Cans for this purpose will be labeled "For Sputum Containers" and used for no other purpose than that prescribed above. Cans for sputum containers will be delivered daily to noncommissioned officer in charge of police for transportation to the incinerator where they will be emptied and returned to the ward after they have been sterilized by live steam. The noncommissioned officer in charge of police is responsible for the disposition of the contents of these cans and their sterilization.

117. **Visitors.**—No person will visit patients in this ward except by permission of the Ward Officer in charge or, in emergency, by written permission of the Officer of the Day. The permit given will designate the visitor by name, the date, and the hour when such visit will be permitted.

118. **Deaths.**—When a patient suffering from contagious disease dies, the body will be closely wrapped and pinned in a sheet wet with a 5% solution of Liquor Cresolis Compound before it is removed to the mortuary.

119. **Reports.**—The Chief of the Infectious Diseases Section will require Ward Officers on duty in this Section to submit a report of contagious diseases (Form 89, L.G.H.) to the Registrar through the Chief of the Medical Service, for each case of communicable disease admitted to their ward. This will be accompanied by a notification on the prescribed form for the California State Board of Health. In the event that the patient is an officer, warrant officer, enlisted man, or civilian living on a military reservation, or a member of the family of an officer, warrant officer, enlisted man, or civilian whose duties require him to be present on a military reservation, the Registrar will furnish the medical officer having sanitary jurisdiction over the military reservation a copy of the report submitted by the Ward Officer, and will also send a copy of the report to the Surgeon of the Corps Area concerned.

120. **Posting of Regulations.**—A copy of these regulations will be kept posted in the ward office of each ward of the Infectious Diseases Section.

## NEURO-PSYCHIATRIC SECTION

**121. Responsibility for Conduct of Closed Wards.—a.** The Ward Officer will take such steps in the administration of closed wards as will insure the maintenance of an especial and alert vigilance at all times.

b. Upon escape of a patient from the closed N. P. Section the following will be notified at once by the non-commissioned officer in charge:

(1) The Receiving Office.

(2) The Adjutant, or in his absence, the Officer of the Day. (See Par. 178-k).

**122. Assignment of Enlisted Attendants; General Policy; Number.—**The Commanding Officer, Detachment Medical Department, is charged with the assignment of a sufficient number of enlisted men as attendants. Enlisted men will be selected because of their adaptability for this special duty. They will be assigned with a view to permanency and will be changed only for cogent reasons, and after consultation with the Ward Officer. There will be at least one noncommissioned officer on duty at all times. The ward will never be left with less than five attendants, nor will any floor of the ward be left unattended at any time. There will be an attendant on duty in the basement when patients are permitted therein.

**123. Duties of Entrance Attendants.—**One attendant will be constantly on duty at the entrance to the ward and under no circumstances absent himself from his post without first calling the noncommissioned officer in charge, who will assign another attendant in his place during his absence. The entrance attendant will keep a record wherein will be noted the name of every patient leaving the ward with the name of the responsible attendant and the time of departure. He will note the hour of return of such patients. He will keep the key to the entrance constantly in his possession. He will permit only authorized persons—either personnel on duty, persons entering the ward on official business, or authorized visitors—to pass in or out of the ward. He will permit no visitors to enter the ward except as prescribed in regulations. He will permit no patient to leave the ward unless accompanied by a proper attendant, and then only in such manner as may be prescribed by the Ward Officer.

**124. Procedure on Admission of Patients.—**Patients will be admitted to the closed ward as prescribed in regulations. Upon arrival at closed ward, care will be taken that the patient's clothing is removed, listed, and stored in the Baggage Room, and the patient dressed in hospital clothing. Trunk lockers or clothing of patients will not be permitted to remain in the ward. When patients are admitted, the Ward Officer or one of his assistants, or in their absence, the Officer of the Day, will research them for valuables, knives, weapons, or other dangerous articles. (See Par. 374-e).

**125. Daily Inspections; Check of Patients; Check of Keys and Tools.—a.** An inspection of the ward will be made daily before 9:00 AM by the nurse in charge and the noncommissioned officer on duty, for all property or dangerous objects which patients may have concealed. The windows, doors, and all parts of the ward will be thoroughly inspected at frequent intervals each day to insure that the security of the ward is being maintained.

## NEURO-PSYCHIATRIC SECTION

*Memor. 38, 4-22-40*

b. Reconstruction Aides will keep check of their tools and sharp instruments. On completion of the day's work, they will assure themselves that nothing with which a patient might injure himself or others has been removed from the workrooms.

c. Nurses in charge, when coming on duty, will assure themselves that all patients are present and will make notation thereof on the back of the daily morning report of the ward. When the noncommissioned officers change relief, they, together, will make a careful count of all patients in the ward to ascertain that all patients are present.

d. A notation of the number of keys turned over will be made by the nurse in charge and the noncommissioned officer in a record book provided for this purpose when a change of reliefs is made.

126. **Security of Basement and Hydrotherapy Department.**—The gate to the basement of the ward will be kept locked except when the basement is being used. The doors of hydrotherapy room will be kept locked when there is no attendant therein. All closets and unused rooms will be kept locked.

127. **Administration of Medicines.**—All medicines and poisons will be kept in locked cabinets or closets. The nurse, or, should a nurse not be on duty, the noncommissioned officer on duty will keep the keys of the cabinet in their possession at all times. No medicine will be given to patients for self administration. Each dose prescribed will be administered by the nurse in charge, or in her absence, the noncommissioned officer on duty. No medicine or bottles will be left in patient's rooms or where patients may procure them.

128. **Serving of Meals.**—An attendant will be assigned in charge of the dining room and will be present at all times during the preparation and serving of meals. Special diets and trays will be prepared by a nurse who will closely supervise the feeding of patients. The dining room will be kept locked when not being used and no patient will be allowed therein, except when accompanied by an attendant. A careful check of all knives, forks, or other utensils with which a patient might injure himself or others will be made after each meal. These utensils will be locked up when not in use.

129. **Treatment of Patients.**—a. All personnel will constantly bear in mind that patients in a closed ward are mentally ill and treat them with consideration and kindness at all times. Attendants are forbidden to strike or maltreat a patient in any manner.

b. Under no circumstances will arms, clubs, or weapons of any description be used in the ward nor will such articles be permitted inside the entrance to the ward.

c. No form of mechanical restraint will be applied as a punishment. Restraint for therapeutic reasons will be applied only by order of a medical officer and under the direction and supervision of the nurse or non-commissioned officer will keep a record of the time the patient is in restraint. Nurses and enlisted attendants will familiarize themselves with the use of the restraint apparatuses. A patient in restraint will be carefully and constantly watched.



## NEURO-PSYCHIATRIC SECTION

d. The rooms in which individual patients are confined will be kept locked when so ordered by the Ward Officer. The attendant in charge of the door will keep the keys thereof and will be responsible for the custody and safety of the patients confined.

e. Patients will be taken out for daily exercise with proper attendants and under such regulations as the Ward Officer may prescribe.

130. **Patients' Complaints; Absence from Ward.**—a. Any patient having a complaint will be permitted a hearing by the Ward Officer.

b. No patient will be allowed in the attendant's rooms except on business, nor will they be permitted to leave the ward on any pretext except by express direction of a medical officer.

## DETENTION WARD

*See Memo 75 May 22-40*

131. **General.**—The detention ward (S-2) of this hospital is maintained for the purpose of furnishing treatment to patients who have been confined for disciplinary reasons. The classes of patients treated on this ward are:

- a. General prisoners.
- b. Garrison prisoners.
- c. Patients who may, on account of infraction of hospital regulations, be temporarily committed by proper authority.
- d. Members of this command under the status of arrest and confinement.
- e. Such other persons as the Commanding Officer may direct.

132. **Ward Officer.**—The detention ward (S-2) will operate under the direction of the Chief of the Neuro-psychiatric Section. In addition to the duties usually prescribed for other ward officers, the medical officer in charge will be responsible for the custody of all patients and prisoners admitted to his ward. He may issue from time to time special instructions for this ward not in conflict with these regulations. He may direct special patients be secured in Ward S-1 when the physical or mental condition of the patient makes this advisable. He will be governed by AR 600-375 in so far as it may be applied to patients undergoing treatment and prisoners in a detention ward. He will see that each patient admitted to the ward is referred for treatment to the service which the nature of his case indicates. He will see that physical examinations and reports required from time to time by AR 615-250 are made by a medical officer responsible for the professional care of the patient. He will make such physical examinations and reports from time to time as may be required by AR 615-250. The Ward Officer will not permit the use of arms, clubs, or weapons of any other description in the ward nor will he permit such articles to be kept in the ward by attendants. He will personally see that mechanical restraint is not applied as a punishment or for any purpose except by his order. *Memo 65-16-40*

133. **Non-commissioned Officer in Charge.**—The non-commissioned officer in charge will be held responsible for the proper performance of any special instructions given from time to time by the ward officer, and for the proper observance of all orders or regulations effecting the patients and the personnel on duty in the detention ward. During his tour of duty, he will be held personally responsible for all keys pertaining to the ward. He will check all keys immediately on entering upon a tour of duty. When necessary for an attendant to have a key in his possession, the non-commissioned officer will personally give the key to him and will personally receive the key from him when he no longer requires it.

134. **Attendants.**—There will be at all times in addition to the non-commissioned officer in charge two attendants, one on duty at the entrance of the ward. The tour of duty for attendants on the Detention Ward will be as prescribed by the Commanding Officer. The Commanding Officer, Detachment Medical Department, will be responsible for the assignment of the proper number of attendants to duty in the detention ward and for the selection of men who are qualified for the position; that is, the care and safety of patients ordinarily treated in a detention ward.

135. **Duties of Entrance Attendant.**—Attendants in the detention ward will divide the duty at the entrance of the ward into periods of four hours, each taking his duty in turn. The relief of one attendant by another will be made directly by order of the non-commissioned officer on duty, who will personally re-

## DETENTION WARD

ceive keys from the attendant relieved and deliver them to the attendant relieving him. It shall be the duty of the entrance attendant to keep the key to the main entrance constantly in his possession outside the barred gate and beyond the reach of patients or prisoners. Before admitting persons to the ward, he will call the non-commissioned officer in charge, who will direct that the person be admitted if he deems it necessary and proper. The entrance attendant will not leave the vicinity of his post during his tour of duty unless he finds it absolutely necessary, in which case he will first call the non-commissioned officer in charge who will detail some other attendant to relieve him during his absence. Should it be necessary at any time to send a messenger from the ward, the entrance attendant will not be detailed for that purpose. Between the hours of 5 PM and 7 AM, the entrance attendant will admit to the ward only medical officer, the non-commissioned officer in charge or members of the command on official business, except by order of the Officer of the Day. The entrance attendant will keep a record wherein will be noted the name of every patient or prisoner leaving the ward, with the name of the responsible attendant and the time of departure, and will note therein the hour of their return.

136. **Procedure on Admission.**—No patient will be admitted or confined in the detention ward except upon order of a commissioned officer. Patient prisoners (not already patients in this hospital) and prisoners who are not patients will be admitted through the same channels as patients are admitted to other wards. Procedure upon arrival at the detention ward will be in accordance with Par. 124, with the exception that any safety razor or safety razor blades that may be in possession of the prisoner or patient will be locked in the cabinet furnished for this purpose in the office of the noncommissioned officer in charge. (See Par. 374e).

137. **Daily Inspections of Ward.**—Under the direction of the noncommissioned officer in charge, a search of the entire ward will be made daily before 9 AM for matches, weapons or other dangerous objects that patients or prisoners may have concealed. The windows, doors, and all other parts of the ward will be subjected to frequent and thorough inspections, to insure that the security of the ward is being maintained. When the noncommissioned officers in charge change relief, a careful check will be made of all patients and prisoners.

138. **Temporary Absence of Patients and Prisoners from Detention Ward.** When it is necessary to remove a prisoner from the Detention Ward for treatment at a clinic elsewhere, a member of the guard will be called who will escort the patient and be responsible for him until returned to the ward. A record of the time of departure from and return to ward will be noted. These patients will be given precedence in treatment and returned promptly to the ward.

139. **Administration of Medicines.**—No medicines will be given patients or prisoners for self-administration. Each dose of medicine prescribed will be administered by the non-commissioned officer in charge or by a member of the Army Nurse Corps. No medicines or bottles will be left in the patients' or prisoners' rooms, or where they may be secured by other than the non-commissioned officer in charge.

See memo 65-5-16-40



## DETENTION WARD

140. **Serving of Meals.**—Meals will be served in the ward dining room except when a medical officer orders otherwise. Under the supervision of the noncommissioned officer in charge, an attendant will be placed in charge of the dining room. He will see that meals are properly served and the dining room and kitchen properly policed after each meal. Prisoners or patients, whose physical condition permits, may be used as kitchen police. All flat tableware will be kept under lock and key when not in use and counted after each meal. Items of this nature will be provided for the use of patients and prisoners only at the discretion of the ward officer.

141. **Recreation of Patients and Prisoners.**—Patients and prisoners will be permitted on the screened porch of the detention ward between the hours of 1 PM and 4 PM daily under the surveillance of an attendant. Providing their physical condition permits, they may also be utilized in the policing of the ward. At all other times they will be kept locked in their rooms. The attendant in charge of each floor will at all times have charge of the keys of each room, as provided for in paragraph 133, and will be charged with the custody of safe-keeping of all prisoners on his floor. Garrison and general prisoners will not be placed in the same room.

*See memo 61*  
142. **Mistreatment of Patients or Prisoners.**—All attendants are forbidden to strike or mistreat patients or prisoners and any attendant so offending will be punished unless the action was necessary in self-defense, to save life, or prevent escape, in which event they will bear the burden of proving their action a necessity. Attendants will not fraternize with patients or prisoners.

143. **Procedure to Quell Riot or Serious Disturbance.**—In the event of a riot or serious disturbance, attendants are authorized to use sufficient force to quell it and, if necessary, will call on any available personnel for assistance.

*See memo 62*  
144. **Patients' or Prisoners' Complaints.**—Any patient or prisoner having a complaint will be allowed a hearing by the ward officer in his office. At no time will they be permitted to enter the attendants' room or officer's office except when directed to do so on official business.

145. **Guard Report.**—Military prisoners and patients confined in the detention ward will be accounted for on the guard report, Form 10, A.G.O., which will be completed before 8:15 AM, daily and forwarded to the Officer of the Day's Office. Civilian patients will be accounted for on the report of the Officer of the Day.

146. **Visitors and Visiting Hours.**—The medical officer in charge of attendants on duty in the detention ward will be governed by paragraphs 275 and 276 in all questions involving visitors and visiting hours.

147. **General.**—a. Mail. The Medical officer in charge of the detention ward will be governed by Paragraph 328 in his actions regarding prisoners' mail.

b. Smoking. Smoking may be permitted within the detention ward at the discretion of the ward officer.

## ELECTROCARDIOGRAPHY

148. **Electrocardiography.**—The Chief, Medical Service, will designate a specially qualified officer to be in charge of electrocardiography. This officer will assume responsibility for the government property used in connection with this work. Requests for electrocardiograms will be made on Form 92, Letterman General Hospital, signed by the officer making the request, and forwarded to the officer in charge of electrocardiography. The results of the examination will be reported on the same form and returned to the officer requesting the examination, together with typical sections of the electrocardiograms which will be attached to the clinical record of the patient in question. Additional sections of the electrocardiograms will be retained in the electrocardiograph room as a permanent record.

## WARD ADMINISTRATION

149. **Ward Officers.**—Ward Surgeons and their assistants will be assigned to duty by the Chief of Service. They will be responsible to the Chief of Service and Section for administration, sanitation, equipment, and discipline of their ward, the treatment of patients therein, and the proper performance of duty by assistant ward officers, interns, nurses and attendants, including civilian employees. Unless excused by proper authority or required by their duties to be elsewhere, they will be present in their wards from 9:00 AM until 12:00 noon, and from 1:30 PM to 4:30 PM. They will visit their wards sufficiently often during the period the night personnel is on duty to assure themselves that patients are properly cared for, that night personnel is efficient, and that the ward is being conducted in conformity to regulations. They will make formal rounds at 9:00 AM daily, or as soon thereafter as practicable, at which time they will personally see each patient in the ward and make such inquiries of the patients as to satisfy themselves as to their condition. They will also make a round of their wards about 4:00 PM at which time they will see all bed patients.

150. **Ward Management.** a. Ward management is a serious and extremely important duty of a ward officer, the responsibility for which cannot be subordinated. The Professional attendance, care and treatment of patients is of primary importance, but such care and treatment cannot be properly accomplished unless efficient administrative methods are maintained.

b. Absolute cleanliness, orderliness, and quietness are the first essentials of ward administration and can be attained only by the constant vigilance of officers, non-commissioned officers, nurses and others in authority.

c. Frequent, careful and thorough inspections must be made and immediate action taken to correct irregularities, the object being to maintain the ward constantly ready for inspection. Ward officers will make at least two daily inspections of their wards, once during the forenoon and again during the afternoon. Ambulatory patients, whose physical condition permits, will be required to assist in the ward police, provided they are designated for that purpose by the ward officer.

d. The discovery and elimination of vermin requires constant attention of ward officers. Roaches, ants and flies are constantly present in this locality and must be combated continuously. The method for elimination of ants will be as prescribed. Roaches will be eliminated by the distribution of sodium fluoride. The usual method for the extermination of flies will be carried out. A sufficient number of fly swatters will be constantly on hand in each ward and used when required.

e. Ward officers will assure themselves that patients have sufficient toilet articles (comb and brush, tooth brush, tooth paste, soap, and shaving utensils) in their possession; that their teeth are cleaned at least once daily and that they bathe or are bathed at proper intervals.

f. Patients, other than those on an officers' status, will be required to wear hospital outer clothing while in the hospital. Except in the case of patients on officers' status, personal clothing, with the exception of shoes, socks, underclothes and headcovering, will be deposited in the hospital clothing room. Patients will wear a convalescent gown, properly belted, while away from their wards. Ward officers are responsible that hospital clothing worn by patients is serviceable, neat and scrupulously clean.



WARD ADMINISTRATION

*Change Memo.*

*# 5 - 3-29-40*

g. Metal sputum cups, when in use will contain a small quantity of 5% solution of liquor cresolis compound. Paper sputum cups will be enclosed in the metal containers provided for the purpose. Ward Officers will take the necessary steps to see that a 5% solution of liquor cresolis compound is prepared in large bottles and stored in the wards under lock and key and that when a disinfectant is placed in sputum cups, the solution so prepared will be used to the exclusion of other disinfectants.

h. Clinical thermometers when not in use will be kept completely immersed in 5% solution of liquor cresolis compound. Before being used, thermometers will be taken from the liquor cresolis solution and completely immersed in denatured alcohol and thoroughly wiped off with cotton before being placed in patient's mouth. After removal from patient's mouth, thermometers will be thoroughly washed and returned to lysol solution. This procedure will be repeated after each successive patient. Any other method of sterilizing clinical thermometers is prohibited. Prescribed containers for clinical thermometers are issued by the Medical Supply Officer. Clinical thermometers, Item No. 79320. will be considered as non-expendable medical property. The Medical Supply Officer has been directed to make no replacements for this item unless the broken or unserviceable thermometer is presented for exchange.

i. Lavatories will be maintained in a constant state of cleanliness and order. Steps will be taken to prevent accumulation of soiled towels, pajamas, etc. A bucket partially filled with water will be kept habitually in a convenient place in each lavatory for the reception of refuse, such as cigarette butts, pieces of paper, etc. Bedpan covers (fabric) will be used to conceal bedpans and urinals when in transit to and from the patient or whenever it is necessary to leave the utensil in the vicinity of the patient's bed. Prescribed bed pan covers are issued by the Medical Supply Officer.

j. No food or drink will be transferred from one part of the hospital to another unless it is enclosed in a covered receptacle. Food containers and food trucks will be thoroughly inspected by ward officers to see that they are maintained in a clean condition. Dishes, cups, knives, forks, spoons and other eating utensils will be sterilized after use. Such utensils will be washed in hot soapy water and then subjected to live steam for five minutes. Diet kitchen sinks are equipped with live steam outlets.

k. (1) Press interviews or photographs may be authorized by the following officers only:

Commanding Officer.

Executive Officer.

Adjutant.

(2) Authorized Press Interviews will be conducted in a private room or under conditions where privacy will be assured.

(3) Press photographs of patients will not be taken in hospital wards. Patients authorized to be photographed will be conducted to the Officers' Assembly Room, if feasible, or to another place specially designated, where the photograph may be taken.

l. All Ward Officers will see that men on duty in wards are provided with a fatigue uniform when they come on duty, which must be worn while scrubbing or doing that class of work that would excessively soil white clothing.

## WARD ADMINISTRATION

Attention is called, however, to the fact that when not actually engaged in scrubbing, etc., the white uniform including the blouse must be worn. *141111 68*

151. **Control of Patients.**—a. Ward Officers should impress upon their patients that they are interested in their welfare and anxious to make them comfortable and to improve their physical condition. They should endeavor to explain to them the necessity and importance of certain ward regulations, diagnostic and therapeutic procedures, etc., to the end that the patients are relieved of the mystery, fear, and suspicion that is often present in the mind of those who are subjected to hospital environment. They should not hesitate to discuss the patient's condition with him and to give him such information relative to the progress of his case, results of laboratory procedures, diagnosis, etc., as may assist him to gain an insight into his physical condition. The majority of patients appreciate frankness in these matters and will cooperate accordingly.

b. Ward officers are responsible for the discipline of the patients in their wards. Patients committing minor offenses will be punished by admonition, restriction of privileges, etc. Major offenses or repeated minor offenses may require action by a court-martial, or in the case of beneficiaries of the Veterans' Administration, by a disciplinary board. Patients requiring action by a court-martial or a disciplinary board will be reported to the Commanding Officer, Detachment of Patients.

c. Rules for patients are printed on the large and small cardboards. A copy of the large size cardboard will be kept on the bulletin board of each ward. The small size cardboards will be given to patients.

152. **Complaints of Patients.**—Ward officers will carefully investigate all complaints made to them by their patients, no matter how trivial the complaint may appear to be, and in the event that the complaint is justified, take immediate steps for the correction of the irregularity. Irregularities that are beyond the power of the ward officer to correct will be immediately reported by him to the Hospital Inspector.

153. **Privacy of Patients.**—Ward officers will exert every effort to preserve the privacy of patients so far as possible. Seriously ill patients in open wards will be protected by screens. All other patients in open wards will be obscured by screens while undergoing surgical dressings or such diagnostic and therapeutic procedures as spinal puncture, veni-puncture, etc., while being bathed, and while the bed pan is being used. Patients will also be protected by screens while partially or completely stripped for examination. *154. See MEMO 96.*

154. **Medicines and Medical Treatment.**—a. Medicines and medical treatment of patients will be prescribed only by medical officers other than dental treatment which may be prescribed by dental officers. A book of records will be maintained in each ward, known as a "Ward Order Book," which will consist of a loose leaf binder containing Doctor's Sheets (Form No. 82, L.G.H.); Treatment Record and Nurse's Report Sheets (Form No. 83, L.G.H.); Temperature, Pulse, and Respiration Sheets (Form No. 84, L.G.H.). *6-21-40*

b. All medicines will be given direct to the patient by the nurse at the time ordered by the medical officer.

c. Except in cases of emergency, interns will not order the administration of morphine or codeine without obtaining the approval of the Officer of the Day or other senior Medical Officer. Under no circumstances will morphine or

codeine be prescribed by a Medical Officer until he has examined the patient and convinced himself that there exists therapeutic indication for the use of this drug.

d. The number of hypodermic tablets of morphine kept in any one ward or department, other than the Pharmacy and Medical Supply Storeroom, will be limited to thirty (30) except when in the opinion of the Chief of the Professional Service concerned, a greater number will be necessary to meet requirements. In this case the Chief of Service will give such authority in writing, stating the maximum number to be maintained in the ward. This written authority will be filed with the narcotic record. Hypodermic tablets in excess of the amount indicated will be returned to the Pharmacy and proper notation made in the narcotic record.

e. Standard poison bottles (blue colored glass), have been adopted for use in the wards of this hospital. The bottles are obtainable from the Medical Supply Officer on requisition. All poisons in wards will be kept habitually in these bottles.

f. All prescriptions for ethyl alcohol, whiskey and other alcoholic liquors and narcotics will be written in ink.

155. **Alcohol and Narcotics.**—All morphine, cocaine, codeine, alcohol and alcoholic liquors, and other habit forming drugs, to include barbital, luminal, sulphonal, trional, and similar products, will be kept securely locked and the amounts on hand limited to actual necessity. The keys will be kept habitually in the personal possession of a member of the Army Nurse Corps or a Medical Officer. In every ward where morphine, cocaine, codeine, and whiskey are dispensed, a record will be maintained on Form No. 76, L.G.H., (Narcotic Record). Ward Officers will assure themselves that this record is properly and accurately kept and on the 10th, 20th and last day of each month will audit the record and certify as to its correctness.

156. **Visitors to Wards.**—Ward officers are responsible that visitors are not permitted in wards at hours other than the regular visiting hours or such hours as may be prescribed in regulations.

157. **Ward Bulletin Boards.**—Ward bulletin boards are for the purpose of disseminating information, orders, etc., to patients. The contents of these bulletin boards will be neatly arranged and kept free from obsolete and extraneous matter. The following will be constantly posted on ward bulletin boards. One copy of regulations on conduct of patients, and one copy of the menu for the day.

158. **Ward Attendants.**—Ward attendants will be assigned to wards by the detachment commander in numbers specified by the Commanding Officer. One ward attendant will be designated as "Ward Master" by the detachment commander. Under the supervision of the ward officer and ward nurse the ward master will have general charge of the ward attendants and see that they perform their duties satisfactorily, that they are neat and clean about their person, and that they are in the prescribed uniform at all times. Ward officers will instruct ward attendants in their duties and require them to exercise gentleness, kindness and tolerance in dealing with patients.

159. **Property; Responsibility, Requisitions, Check of Property, Non-Standard Supplies, Care of, Etc.**—a. Ward officers are responsible for all property in their wards. Transfer of responsibility will be in accordance with regulations. If no shortage is discovered, the succeeding officer will sign and forward



## WARD ADMINISTRATION

*See Memo # 45 4-26-40*

the Memorandum Receipt to the Medical Supply Officer within forty-eight hours after he has assumed charge of the ward. When a shortage exists, report will be made to the Medical Supply Officer, who will adjust such discrepancies as are possible; the remainder will be placed on Report of Survey by the former ward officer. Overages found will be listed and turned in to the Medical Supply Officer for adjustment.

b. Requisitions for supplies will be signed by the ward officer and forwarded to the Medical Supply Officer not later than 12 noon, Monday of each week, and he will be held accountable that only such articles are requested as are needed. Requisitions will be prepared on the typewriter when practicable and will include the item number and conform to the nomenclature published in the Medical Supply Catalogue. Requisitions will be based on the needs of one week and supplies will be based on the needs of one week and supplies will not be accumulated. Emergency requisitions will not be forwarded for supplies unless such emergency actually exists and then only for such amounts as to meet the emergency.

c. Property will be checked on the first day of each month, except when this day falls on Sunday or a holiday, in which case the check will be made on the day following. Results of the check showing all shortages and overages will be sent to the Medical Supply Officer by noon of the following day.

d. Requests for purchase of non-standard supplies will be made through the Chief of Service.

e. Ward officers are responsible for the proper care and economical use of all property in their wards. Breakage and damage not due to fair wear and tear will be acted on in accordance with paragraphs 1 and 2, AR 35-6640.

f. The use of hospital bedding and clothing for cleaning purposes is forbidden. All hospital clothing and linen will be exchanged at the laundry.

g. All drugs and chemicals will be drawn from the Pharmacy.

h. Except as provided above property will be exchanged between the hours of 8 AM and 11:30 AM Monday of each week at the Medical Store House.

i. All typewriters in the hands of wards will be kept habitually in the ward office. All typewriters when not in use will be covered with the regular typewriter cover, or, in the event no such cover is on hand, by pillow slip or other suitable piece of fabric. No patient or attendant will be permitted to operate a typewriter unless designated to do so by the Ward Officer. The use of typewriters will be restricted to official business.

j. The use of the electric floor polisher is prohibited in all parts of the hospital, other than barracks, between the hours of 9:00 AM and 4:30 PM except Friday afternoon when polisher may be used in wards only if the Ward Officers so desire. The Johnson Bar will be used in place of electric polisher during prohibited hours.

160. **Seriously Ill Patients.**—Ward officers will keep a list of all patients in their wards who have been reported as seriously ill. This list will be prepared on Form 22, L.G.H. (List of Seriously Ill), and conspicuously displayed at all

## WARD ADMINISTRATION

times on the nurse's desk and checked daily by the ward officer to see that it is kept up to date and that the names of those patients who are no longer seriously ill have been removed from the list and that fact reported to the Registrar.

161. **Records and Reports.**—Ward officers are responsible for the preparation and accuracy of the following records and reports:

a. **Records:**

Clinical Record  
Seriously Ill List  
Narcotic Record, Form 76, L.G.H.  
Ward Order Book  
Nurse's Medication List, Form 79, L.G.H.

b. **Reports:**

(1) **Daily:**

Ward Morning Report, Form 7, L.G.H.  
Diet Card, Form 73, M.D.  
Regular Pass List, Form 90, L.G.H.  
Special Pass List, Form 91, L.G.H.

(2) **Weekly:**

Requisitions for Medical Supplies

(3) **Monthly:**

Monthly list of patients prepared in triplicate as of midnight of the last day of every month; one copy sent to Registrar and one copy to Chief of Service not later than 11 AM the following day. The third copy is retained.  
Overages and Shortage Report of Property.

(4) **Occasional:**

Seriously Ill Report and report removing patient's name from Seriously Ill List  
Report of Death, Form 17, L.G.H.  
Report of Communicable Diseases. Whenever a case of communicable disease appears in a ward, a report will be rendered on Form 89, L.G.H., and forwarded to the Chief of Service for transmission to the Registrar.  
Clearance Slip, Form 30, L.G.H.  
Disposition Slip, Form 14, L.G.H.  
Recommendation for Discharge for Disability, Form 80, L.G.H.  
Report of Pay Patients to Mess Officer  
Report to Officer in Charge of U. S. V. A. Records regarding patients leaving against medical advice.  
Report to Registrar when placing patient under the provisions of AR 35-1440 and removing him from same.  
Report of case of fraudulent enlistment to Commanding Officer, Detachment of Patients  
Diagnosis Card.

## WARD ADMINISTRATION

162. **Pertinent Regulations Affecting Ward Officers.**—Under the following subjects in these regulations will be found instructions, the knowledge of which is necessary to ward officers:

Nursing Service  
Laboratory Service  
Eye, Ear, Nose and Throat  
Service  
Radiological Service  
Dental Service  
Physiotherapy Section  
Genito Urinary Section  
Pharmacy  
Funds and Valuable

Veterans' Administration  
Patients  
Clinical Records  
Patients' Diets  
Seriously Ill Patients  
Visitors and Visiting Hours  
Discharge on Disability  
Mess Regulations  
Medical Supply Officer

163. **Report of Diagnoses.**—a. On or before the last day of each month the ward officer will prepare and transmit to the Registrar a Diagnosis Card (Form 10, L.G.H.) on all "remaining cases", i.e., all cases except Veterans Administration Beneficiaries, who were admitted to hospital during the preceding month. Care will be taken that the Diagnosis includes all diagnoses, complications, operations, dates of cure of such conditions as have been cured, and other data in compliance with Par. 15, AR 40-1030. Should any additional diagnoses or changes in diagnoses already reported or other data reportable under Par. 15, AR 40-1030, be established after a Diagnosis Card has been forwarded as directed above, a new Diagnosis Card with date of all changes and bringing the diagnoses to date, will be submitted to the Registrar without delay.

b. Diagnosis Cards covering all cases of venereal disease, alcoholism, or misconduct in which loss of pay is involved under AR 35-1440 will be forwarded to the Registrar immediately upon the establishment of such facts.

c. Diagnoses will conform as far as practicable to the nomenclature of diseases set forth in AR 40-1035.

d. A duplicate copy of all diagnosis cards will be filed immediately behind the first sheet of the clinical record of the patient to which it pertains.

164. **Weekly Statistical Report.**—In order to enable the Registrar to complete the Weekly Statistical Report required by Par. 2, AR 40-1080, the officers in charge of the Infectious Disease Section and Genito-Urinary Section will prepare and forward to the Registrar each Saturday not later than 9:30 AM, a Weekly Statistical Report giving the required information concerning cases of infectious disease on his section during the current week ending Friday at midnight. Other section chiefs will forward Diagnosis Cards on cases of infectious disease on their section immediately upon the establishment of such diagnoses. Upon the cure of such infectious diseases a Diagnosis Card recording the fact and date of cure will be forwarded at once to the Registrar unless the cure coincides with the patient's discharge from hospital, in which case the completed Clinical Record will be sufficient.

165. **Catheterization Tray.**—All wards on which a nurse is on duty will maintain constantly ready for use an article of equipment to be known as a "catheterization tray." This equipment will consist of the following:

55  
*Enema tray menu #9 4-1-40*



## WARD ADMINISTRATION

ARTICLE	PROCURED FROM
1 Card of instruction for catheterization	Medical Supply Officer
1 Tray	Medical Supply Officer
1 Rubber Cateter No. 22 French	Medical Supply Officer
1 Rubber Catheter No. 18 French	Medical Supply Officer
1 Syringe, rubber, Young's	Medical Supply Officer
2 Glasses, medicine	Medical Supply Officer
1 Forceps, hemostatic, curved	Medical Supply Officer
2 Bowls, solution, E.W.	Medical Supply Officer
1 Bottle solution, green soap, 250 c.c. approximately	Pharmacy
1 Bottle 1 to 500 solution Bichloride of Mercury 250 c.c. approximately	Pharmacy
1 Package Sterile Gauze, 4 x 4	Gauze preparation room
1 Package Sterile Towels	Gauze preparation room in exchange for 2 non-sterile towels
1 Jar lubricating jelly, 120 c.c. (sterilized in ward)	Pharmacy
1 Bottle (w.m.) argyrol solution 10%, 60 c.c. approximately	Pharmacy
1 Package rubber gloves	Gauze preparation room in exchange for non-sterile gloves.

166. **Floors, Rubber Tile.**—a. The following method is prescribed for the care of rubber tile flooring and will not be deviated from except upon specific authority from this headquarters:

Sweep or dry-mop with an occasional damp-mopping, using clean, cold water.

Buff with an electric floor brush and Johnson Bar not less than three (3) times a week.

b. The following "DON'TS" are published for the information of all concerned:

Don't use hot water.

Don't flood floors.

Don't use sweeping compound containing oil.

Don't use cleaning materials containing oil or large percentages of caustics; they soften the floor surface.

Don't use waxes containing turpentine or other rubber solvents; they injure the rubber.

167. **Serving of Diets.**—a. Upon arrival of the food cart in the ward, all the containers will be placed in their proper receptacle in the steam table. If the containers do not fit, use the reducing rings. Every effort should be made to serve the food as hot as possible. Reheat on stove if necessary but if food is not hot when received, the Mess Officer should be notified in every instance.

b. Before serving food see that the trays are properly set and place upon them the bread, butter, milk, salad if any, dessert, and the empty coffee cup which has been heated.

## WARD ADMINISTRATION

c. The man on duty in the kitchen then takes the tray to the steam table and the nurse on duty there serves the soup in a bowl which previously has been heated, and the meat and vegetables on a plate which has also been heated.

d. The tray is then taken immediately to the patient. After all the trays have been served, the hot coffee is then taken around and the coffee cups filled.

e. Upon completion of the meal the trays are returned to the kitchen and placed in the tray rack provided for that purpose, pending the washing of the dishes and resetting of the trays. Under no circumstances should these trays be stacked upon the floor.

## PHARMACY

168. **General.—a.** The management and operation of the Pharmacy at this hospital will be in conformity with Paragraph 18, AR 40-590, and all personnel assigned to this department will acquaint themselves with the provisions of that paragraph.

b. During the hours when the Pharmacy is closed, requests for pharmacy service will be made at the Receiving Office. An attendant will be on call to fill emergency prescriptions.

c. A completely equipped poison-antidote cabinet, together with a supply of pharmaceuticals commonly dispensed to outpatients applying to the Officer of the Day, is maintained at the Receiving Office.

d. A supply of tetanus antitoxin, diphtheria antitoxin, smallpox and typhoid-paratyphoid vaccine for emergency requirements will be stored in the refrigerator of Ward L-1 for use of Receiving Office.

169. **Officer in Charge.—**The Chief of the Outpatient Service will have charge of the Pharmacy. He will maintain personal supervision over the Pharmacy and be directly responsible for its efficiency. He will cause the necessary records to be maintained in the case of alcoholic liquors and narcotics and will make the necessary checks and verifications required by existing regulations.

170. **Noncommissioned Officer in Charge.—**A qualified noncommissioned officer of the Detachment Medical Department will be assigned in immediate charge of the Pharmacy and will be directly responsible to the Officer in Charge for its proper operation. He will be furnished such assistants from the Detachment Medical Department as may be necessary. The noncommissioned officer in charge of the Pharmacy is responsible that the prescriptions are compounded in accordance with the U. S. Pharmacopeia, Dispensatory, and the National Formulary, that due care is taken in compounding, and that prescriptions in which the prescribed dose exceeds physiological limits be not issued without verifications by the prescriber, and that prescriptions are properly filed and labels are prepared in conformity with regulations.

171. **Prescriptions.—a.** All prescriptions will be written in the metric system and signed by a medical officer, except those signed by officers of the Dental and Veterinary Services, which will be filled without reference to a medical officer.

## PHARMACY

b. Before filling any prescriptions, the compounding pharmacist will make sure that:

- (1) The prescription is properly dated; is written for a definite person, ward, or clinic; it bears the patient's name and ward number, or name of clinic or designation of ward.
- (2) It contains directions for use unless it calls for original and unbroken package of a drug, or a drug which constitutes part of the stock in the ward medicine cabinets.
- (3) The wording of the prescription is clear and unmistakable and that that dose of the active drug is not excessive.
- (4) The prescription is signed by a medical officer or an officer of the Dental or Veterinary Corps for medical supplies needed in their respective services.

e. Before issuing a compounded prescription, the compounder will assure himself that the label shows:

- (1) The serial number of the prescription and the date compounded.
- (2) The name of the person, ward, or clinic for which intended.
- (3) The directions as written on the prescription, or in the event that no directions are written, the contents of the container, the name of the officer who wrote the prescription, the initials of the pharmacist who filled the prescription.

d. Routine prescriptions from all the wards of the hospital will be turned in to the Pharmacy not later than 10:00 AM daily, and should be called for between the hours of 11:00 AM and 12:00 noon.

e. In order that the pharmacist may regulate charges for prescriptions, Medical Officers will place immediately after the name of the individual for whom a prescription is written sufficient data to enable the determination of the military status. For example, Mrs. Smith (wife of officer); John Jones (civilian employee); Mr. Burns (father of officer); William Green (officer's servant), etc.

172. **Alcohol and Alcoholic Liquors.**—a. No alcohol or alcoholic liquors will be prescribed for individuals except in cases of actual sickness when a definite therapeutic reason therefor exists and then only in such amounts at one time as may be clearly indicated and will be necessary for the next ensuing forty-eight (48) hours.

b. All prescriptions for alcohol or alcoholic liquors will be written in ink on the official Medical Department form, each with a notation on its face, "Not valid except in a military pharmacy."

c. All prescriptions for alcoholic liquors for individuals will show specifically the dosage and intervals between dosage.

d. Nothing in this regulation will be interpreted to prevent the issue of alcohol or alcoholic liquors for ward stock. However, at no time will the combined amount of whiskey or brandy on hand in a ward exceed 500 c.c. or the amount of ethyl alcohol be more than 120 c.c.

e. Bathing fluid will be issued by the Pharmacy in amounts not to exceed 1000 c.c., and will be used for bathing and rubbing purposes in lieu of alcohol.

f. Ethyl alcohol will be issued to the operating room, dressing rooms, clinics, etc., in quantities prescribed by the Chief of Service concerned, due care being taken that amount on hand is not in excess of actual requirements.



## PHARMACY

g. Officers will assure themselves that all ethyl alcohol for which they are responsible is properly safeguarded against theft and that the expenditure is so regulated as to preclude its use for other than medical purposes.

173. **Sales of Medicines to Civilians.**—a. Medicine charges as prescribed by AR 40-590, will be collected from civilians not entitled to treatment at public expense.

b. On the first of each month the Officer in Charge of the Pharmacy will deliver to the Mess Officer all money received from this service, accompanied by Form 322 A.W.D. (6 copies) showing:

- (1) Name of individuals prescribed for.
- (2) Dates of sales.
- (3) Prescription numbers.
- (4) Amounts collected.

174. **Stock Pharmaceutical Preparations.**—a. A considerable number of pharmaceutical preparations are carried in stock in the Pharmacy. In order to reduce work in the pharmacy, officers are requested to utilize, as far as practicable, these preparations. Prescriptions showing the composition of these preparations are available at the Pharmacy.

175. **Authority for Dispensing Medicines.**—Except in cases of emergency, no drug or medicine of any kind will be dispensed from the Pharmacy except on a prescription signed by an officer of the Medical Corps, the Dental Corps, or the Veterinary Corps. No prescription will be refilled except on a written prescription calling for such refilling, the prescription number being given.

## OFFICER OF THE DAY

*See memo 10*

176. **Detail.**—a. The Officer of the Day will be detailed daily by roster. The tour will be for 24 hours, extending from 9:00 AM one day until 9:00 AM of the following day. The officers subject to detail will be notified at least twenty-four hours in advance. At the beginning of a tour the new and old Officers of the Day will report to the Commanding Officer or his representative. An interchange of tours may be made for cogent reasons, only, if approved by the Commanding Officer in each case. Two other officers will likewise be detailed as First and Second Alternate Officers of the Day. The First Alternate Officer of the Day will perform the duties of Emergency Medical Officer. First and Second Alternate Officers of the Day will keep the Receiving Office informed of their addresses and telephone numbers.

b. **Assistants.**—One Emergency Medical Intern and one Emergency Surgical Intern will be detailed daily as assistants to the Officer of the Day.

c. **Office.**

- See memo 10*
- (1) The Receiving and Evacuation Office will be the office of the Officer of the Day.
  - (2) The enlisted personnel assigned for duty in the Receiving and Evacuation Office, in addition to the duties incident to that office, will function under the Officer of the Day in the conduct of his office. In this office will be maintained a file of Hospital Regulations, and such General and Special Orders and Memoranda of this hospital as pertains to the duties of the Officer of the Day.
  - (3) The Officer of the Day will remain within the limits of the hospital reservation and will sleep in the room provided for his use, except that an Officer of the Day residing on the Post may sleep in his quarters. He will keep his office constantly informed of his whereabouts.

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177. **General Functions.**—a. **Administrative.** During the absence from the hospital building, of the Commanding Officer, the Executive Officer, and the Adjutant, the Officer of the Day will be in charge of the administration of the hospital and will be responsible for its safety and good conduct.

b. **Professional.** The Officer of the Day is charged with the professional care of all patients in hospital during the absence of the Ward Officers and will be available for professional advice and service at all times during his tour of duty.

178. **Administrative Duties.**—a. The administrative duties of the Officer of the Day are of wide range and most important in character, and each officer so assigned will familiarize himself with his duties as prescribed in orders and regulations and will be responsible for their proper execution. He will be observant and alert to prevent fire, theft, waste, misconduct, and neglect. He will correct immediately any breach of orders or regulations noted by him. In case of fire or alarm of any kind, he will at once take steps to insure the safety of life and public property and to preserve order.

b. **Inspections.**

**Paragraph (1) Omitted.**

- (2) **Hospital Guard.** The Officer of the Day will inspect each relief of the guard at least once during their tour of duty. He will note

## OFFICER OF THE DAY

at each inspection the appearance of the watchmen, their knowledge of orders, and condition of their arms and ammunition, if issued. See regulations on the Hospital Guard.

- (3) Motor Vehicles. The Officer of the Day will personally check all government owned vehicles between 6:00 PM and midnight and report their presence or absence on the list provided by the Quartermaster for that purpose. He will inspect the garage next to the tennis court twice during his tour of duty and will report by name any stall that is unlocked.

- (4) Hospital.

- (a) The Officer of the Day will inspect the entire hospital at least inspect the garage, power plant, barracks of the Detachment Medical Department and Quartermaster Corps, and the kitchen. During his inspection he will note the condition of the hospital in regard to police and sanitation and will correct any violations of the Hospital Regulations noted.

twice during his tour of duty, once between 6:00 PM and 9:00 PM, and once between midnight and 6:00 AM. On each inspection he will visit all wards and ascertain that the hospital rules as to conduct are being observed and that the ward personnel are present, in the prescribed uniform, and properly performing their duties. At the first inspection between 6:00 and 9:00 PM., he will check the patients and ward personnel in Wards S-1 and S-2 and see that all are properly accounted for. On each inspection he will visit all parts of the hospital area and will

- (b) The Officer of the Day will visit the Detention Ward at 6:00 PM daily. During this visit he will see:

That the non-commissioned officer in charge and attendants on duty are thoroughly cognizant of their duties and responsibilities and that they have familiarized themselves with the Hospital Regulations on the Detention Ward and such other instructions as have been published by the Ward Officer and posted on the bulletin board in the ward office.

That all prisoners are locked in their cells and that the provisions of Regulations and the instructions of the Ward Officer referred to above, are being complied with.

- (5) Mess.—The Officer of the Day will inspect and eat two meals in the patient's mess. He will be present during the serving of breakfast in the general mess unless some emergency prevents. In the case of such absence, proper explanation will be made on his report. He will inspect and eat one meal in the patient officers' mess. He will report on the quantity, quality, and variations from the bill of fare of each meal inspected. He will authorize, when necessary on the request from a ward, the feeding of patients who have been admitted soon after a meal has been served.



## OFFICER OF THE DAY

c. Fire. The Officer of the Day is an assistant to the Fire Marshal and, during the latter's absence, will act in his stead. See Fire Regulations.

d. Receiving and Evacuation. During hours other than those prescribed for the Receiving and Evacuation Officer, the Officer of the Day will assume charge of, and be responsible for all duties of the Receiving and Evacuation Office relative to the administrative conduct of that office.

e. Funds and Valuables. See Hospital Regulations on this subject.

f. Seriously Ill Patients. See Hospital Regulations on this subject.

g. Deaths.

(1) See Hospital Regulations on this subject.

(2) When arrangements have been made for the delivery of the remains of deceased patients to an undertaker at an hour other than those prescribed for the Registrar, the proper order for such delivery will be transmitted to the Officer of the Day by the Registrar with other necessary instructions.

h. Visitors and Visiting Hours. The Officer of the Day will see that Regulations regarding Visitors and Visiting Hours in so far as they pertain to the Officer of the Day are strictly observed.

i. Admission to Wards S-1 & S-2.—During the absence from the hospital of the Receiving Officer, or the Ward Officers of Wards S-1 and S-2, all patients admitted to these wards will be searched by the Officer of the Day in accordance with Par. 374e.

j. Transfer of Patients. Transfers of patients from one ward to another during the absence of persons authorized to approve them, will be countersigned by the Officer of the Day.

k. Escaped Patients or Prisoners. In the case of the escape of an insane patient or a prisoner, the Officer of the Day will promptly and thoroughly investigate the circumstances, make every effort to apprehend the patient or prisoner, including notification of the civil authorities and nearby posts, and make a full, complete report of same on his "Officer of the Day's Report."

l. Confinement of Persons in Detention Ward. The Officer of the Day will, when in his judgment it is necessary, confine any person who may be present on the post, in Ward S-2 for safekeeping until proper action can be taken. In the case of civilians who are not patients, he will at once communicate with the nearest police station and endeavor to turn them over to the civil authorities. In the case of soldiers who are not patients and who do not require hospitalization and whose station is in the Presidio, he will notify the Officer of the Day of their proper station and request that a guard be sent to take charge of them. In all cases he will note the attendant circumstances on his report, and will enter on his report the pertinent data and list of witnesses necessary to make proper disposition of the case.

m. When an enlisted man on duty in the Professional Service or Guard is absent or circumstances require that he be relieved from duty, he will, if necessary, be replaced by the Officer of the Day from an emergency roster furnished by the Commanding Officer, Detachment Medical Department and posted in the Officer of the Day's office.

179. Professional Duties.—a. At times other than the prescribed office hours of the Outpatient Service, the Officer of the Day will attend patients applying thereat for treatment.

## OFFICER OF THE DAY

b. Admission of Patients. During the absence of the Receiving and Evacuation Officer, he will examine each patient on admission, make the proper ward assignment and prescribe such treatment as is indicated until the proper Ward Officer has assumed charge. He may delegate an Emergency Intern to perform this duty in appropriate cases.

c. He will personally visit all occupied wards other than wards for convalescent patients at least once between the hours of 7:00 PM and 9:00 PM. During these visits he will confer with the nurse on duty and familiarize himself with the serious cases which may require his attention during the night hours. He will respond to all professional calls received from the wards during his tour of duty, or designate one of the Emergency Interns to perform this duty in appropriate cases.

d. Supervision of Emergency Interns. He will receive the report of the Emergency Interns, instruct them in their duties as his assistant, and delegate to them such professional duties as he deems advisable. In all cases, however, he will be responsible for the proper performance of duty by Emergency Interns. (See Regulations on Emergency Duty of Interns).

180. Delegation of Duties.—In case of emergency when the Officer of the Day is occupied professionally or otherwise, certain duties may be delegated to non-commissioned officers as follows:

a. Inspection of Professional Service Group — To N. C. O. on duty in Receiving and Evacuation Office.

b. Inspection of each relief of the guard and checking of arms, ammunition and equipment of the guard office — To N. C. O. of the Guard.

c. Inspection of motor vehicles — To the N. C. O. of the Guard.

d. Inspection of wards between 6:00 PM and 9:00 PM, and between midnight and 6:00 AM—To the N. C. O. of Professional Service. Delegation of this duty will be made only in real emergency. In the event it does become necessary for the Officer of the Day to do so—the fact of delegation together with the emergency involved will be recorded on the O. D. Report.

e. Inspection of hospital area, garage, power plant, barracks, etc — To the N. C. O. of the Guard.

f. Inspection of Detention Ward — To the N. C. O. on duty in Receiving and Evacuation Office.

181. Reports.—a. The report of the Officer of the Day will be rendered on Forms No. 69 and 88, Letterman General Hospital. As this report will be filed as a part of the permanent records of the hospital, all concerned are directed that the data entered thereon be both complete and accurate. It will be prepared under the direction of the Officer of the Day by the personnel on duty in the Officer of the Day's Office, and will be typewritten. The data entered in all spaces of the report, with the exception of "Admissions," "Departures," and "Change of Status — Patients and Duty Personnel" will cover the entire period of the Officer of the Day's tour of duty. Unusual occurrences and violations of Hospital Regulations will be recorded under "Remarks." This data will be completed and names and witnesses, offenders, and the circumstances will be recorded fully and accurately. "Admissions," "Departures", and "Changes of Status-Patients and Duty Personnel" will be recorded from midnight to midnight so as to conform with the morning reports.

b. The Officer of the Day will render the Guard Report as required in these Regulations.

## HOSPITAL GUARD

**182. General.—a. Organization.** The watchmen system of guard as outlined in Par. 60, Training Regulations 135-15, Interior Guard Duty, is prescribed for this hospital. The Hospital Watchmen will be organized into three reliefs to cover the twenty-four hour period. The first relief will be on duty from 8:00 AM to 4:00 PM; the second relief from 4:00 PM to midnight; the third relief from midnight to 8:00 AM. Each relief will consist of sufficient Privates First Class or Privates of the Detachment Medical Department to cover all authorized posts.

**b. Control.**—The Hospital Guard will be, under the direction of the Officer of the Day, in the immediate charge of the Sergeant of the Guard. Three non-commissioned officers will be assigned to this duty with hours as follows: 8:00 AM to 4:00 PM; 4:00 PM to 12:00 M; 12:00 M to 8:00 AM.

**c. Temporary Guards.** In addition to the permanent guard detail, there will be detailed from time to time, from the Detachment Medical Department, such temporary guards as may be directed by proper authority. The duties of such temporary guards will be prescribed at the time the detail is made.

**d. Offices.** The office of the Officer of the Day is in the Hospital Receiving Office. The Guard Office is in the basement of Ward K with entrance from Kennedy Avenue.

**183. Arms.**—Members of the guard will be armed with a pistol. Ammunition will ordinarily be issued only to non-commissioned officers of the guard. However, the Officer of the Day is authorized to issue ammunition to any member of the guard whenever he considers it necessary, first assuring himself that the person to whom the issue is to be made understands the proper use of a loaded pistol.

**184. Guard Duties of the Officer of the Day.—a. Supervision.** The Officer of the Day is in charge of the Guard. He will see that all members are correctly instructed in their duties and that they understand and properly perform them.

**b. Orders.** He will see that the special orders for each post and members of the guard are posted in the Guard Office and that the members are instructed in them.

**c. Supernumerary and Temporary Guards.** When necessary the Officer of the Day will supplement the permanent guard by the detail of temporary guards. Should a member of the Guard be taken sick or for any reason leave his post, or fail to report for duty, the Officer of the Day will immediately detail a supernumerary from the roster prepared by the Commanding Officer, Detachment Medical Department, which will be posted daily in the Officer of the Day's Office.

**d. Inspection of the Guard.** The Officer of the Day will inspect each relief of the guard at least once during his tour of duty. He will note at each inspection the appearance of the watchmen, their knowledge of orders, and condition of their arms and ammunition, if issued.

**e. Check.** The Officer of the Day will, at least once during his tour of duty, personally check the arms, ammunition and equipment of the guard detail and the property pertaining to the Guard Office, and will record the result of his check upon his report.



## HOSPITAL GUARD

### f. Reports.—

- (1) Officer of the Day. The report of the Officer of the Day will be prepared daily before 9:00 AM. All items on this form will be completed as indicated. Under the heading, "Changes of Status — Patients and Duty Personnel," will be entered all admissions to and discharges from the hospital of members of this command, all returns to and departures from the command of duty personnel, patients going on and returning from leave or furlough, patients going absent without leave and returning therefrom, all admissions and transfers to and discharges from Wards S-1 and S-2. Sufficient copies of the data relative to change of status will be prepared for distribution with the Admission and Departure Sheets. The data relative to admissions, departures, births, deaths, and changes of status recorded on the Officer of the Day's Report (Revised Form 87, L.G.H.), will be entered from 12:00 midnight to 12:00 midnight. All other data will be entered to cover the period of the Officer of the Day's tour of duty.
- (2) Guard. Will be prepared on Form 10, A.G.O. daily and transmitted to the Detention Ward before 8:00 AM for the notations required by Paragraph 1 b (1) (a) and (b), AR 345-40. When these notations have been made, the report will be returned to the Officer of the Day's Office, signed by the Officer of the Day and submitted by the latter to the Commanding Officer with the report of the Officer of the Day.

185. **Duties of the Sergeant of the Guard.**—Under direction of the Officer of the Day, the Sergeant of the Guard will be responsible for:

a. The instruction and discipline of the watchmen of the guard and for the general safety and discipline of the command. He will report to the new Officer of the Day for instructions at 9:00 AM daily.

b. Receiving and obeying the orders of the Commanding Officer and the Officer of the Day, reporting to the Officer of the Day all orders to the Guard not received from him.

c. Transmitting to his relief all instructions and information relative to his duties and orders of the Officer of the Day.

d. Seeing that all watchmen of the guard are correctly instructed in their orders and duties, and that they understand and properly perform them.

e. Inspecting the watchmen of the guard on their posts every hour and assuring himself that the men are in proper condition to perform their duties and that their arms and equipment are in proper condition.

f. Remaining on the reservation during his tour of duty and keeping the non-commissioned officers in the Officer of the Day's Office notified at all times of his whereabouts.

g. Causing the flag to be raised at 6:30 AM and lowered at 5:00 PM, and to be half-staffed when notified by proper authority. He will see that the flags are kept in the best possible condition and that they are not handled except in the performance of duty, and when not in a serviceable condition he will report that fact to the Adjutant.

h. Notifying the Officer of the Day at once should a member of the guard become disabled through illness or injury or for any reason leave his post.

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i. Detaining at the Officer of the Day's Office all suspicious persons or parties loitering around the hospital grounds.

j. Entering a report of his tour of duty, together with any special orders for the Guard, in the Guard Report book and on completion of his tour presenting it to the non-commissioned officer relieving him. The Guard Report book will be presented to the Officer of the Day for his inspection before 8:00 AM daily.

k. Checking the property of the Guard under his charge immediately upon going on duty, recording the check in the Guard Report Book, and seeing that it is properly cared for.

l. (1) Opening and closing routinely gates to the reservation.

(2) In case of an alarm of fire on this hospital reservation during the hours when the entrance gates are closed, the non-commissioned officer of the Guard will cause all gates to be immediately unlocked and opened. To assure prompt opening of gates, watchmen of the Guard will carry keys to all gates on their posts.

m. Enforcing the provisions of regulations relative to excluded persons.

n. Causing the hospital, porches, and grounds to be vacated by visitors at the end of visiting hours daily, and seeing that all visitors, other than those having special authority to remain, have left the wards and all other parts of the hospital at those times.

o. Visiting each part of the hospital area at least once each tour, and being constantly alert to prevent violations of hospital regulations and orders.

p. Enforcing parking regulations.

q. Collecting all watchmen's clocks and turning them in to the Sergeant Major at 9:00 AM daily. The Sergeant Major will remove the discs therefrom and, after replacing them with a new disc and regulating the clock, the clocks will be returned to the Sergeant of the Guard. The Sergeant Major will check the discs to see whether or not the clocks have been properly punched by the guard and report any delinquency in this respect.

r. Seeing that the Guard Office is attended at all times by a member of the Guard.

186. **General Orders.**—The general orders for the guard detail will be those set forth in Paragraph 31, Training Regulations No. 135-15. Each non-commissioned officer of the guard detail and each watchman will be furnished a type-written copy of the above by the Commanding Officer, Detachment Medical Department, and will memorize the same.

187. **Special Orders.**—Special orders for watchmen of the hospital guard will be as follows:

a. To carefully guard all property on their posts. Watchmen on duty between 5:00 PM and 7:00 PM will, on their first tour after going on post, try all doors of storehouses and back doors of unoccupied wards. Immediate report to the Sergeant of the Guard will be made should any be found open.

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b. To prevent patients or unauthorized persons from loitering in the hospital area:

- (1) In front of the hospital.
- (2) The grounds in the vicinity of the Detachment Barracks.
- (3) Back of the road extending from the Garage to the Marina Gate.
- (4) The grounds in the vicinity of the Officers', Nurses', and Non-commissioned Officers' Quarters.
- (5) On the rear of porches of wards.

c. To preserve order at all times. Persons found violating any hospital or other order, or whose conduct may in any way be found objectionable, will be warned to discontinue their misconduct and, in serious breaches, will be conducted to the Officer of the Day's Office for further action in the case.

d. To prevent unauthorized persons from loitering about the hospital or grounds. After 11:00 PM watchmen will question all persons found on the hospital reservation and ascertain the reason for their presence. They will arrest persons prowling about the hospital or grounds and conduct them to the non-commissioned officer in charge of their relief, for action by the Officer of the Day.

e. To see that automobiles are parked in conformity with hospital regulations and after dark to closely observe all cars parked on the hospital reservation. In suspicious cases, they will make immediate report to the Sergeant of the Guard, arresting the driver when necessary.

f. To allow no government property to be removed from the hospital reservation without proper authority.

g. To prevent the introduction of intoxicating liquors into the hospital reservation and to arrest all persons found intoxicated, and conduct them to the

h. To watch carefully for the presence of fire. Should fire be discovered in the hospital area, three things should be immediately done:  
Guard Office.

FIRST—Shout "Fire" and give the location.

SECOND—Go to the nearest alarm box, break glass, open door, pull down and then release the handle inside. This gives the alarm to the Hospital Power House and the Presidio Fire Department.

THIRD—Call up the Officer of the Day's office and report the fire and its location to the non-commissioned officer in charge.

i. To see that all street and other authorized lights are burning and to make report to the Sergeant of the Guard of any found unlighted.

j. To prevent the picking of flowers from either the hospital gardens or flower beds by unauthorized persons at any time.

k. Watchmen of the guard arresting persons, as outlined in these regulations, will inform them that they are being placed under arrest subject to the action of the Officer of the Day, and will conduct them at once to the Officer of the Day's office. Should persons resist being placed under arrest or while being taken to the Officer of the Day's office, the guard will use such force as may be necessary, but no more, to cause the submission of the arrested person. Watchmen of the guard are authorized to call upon personnel of this hospital who may be near the scene of arrest for such additional assistance as may be necessary to take offenders into custody, and members of this command, when so called upon, are directed to give the necessary assistance to watchmen.



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l. The watchmen will be especially watchful for prowlers in the vicinity of any hospital storehouse. They will arrest all suspicious persons and bring them to the Guard Office.

m. In case of fire during the day, watchmen on duty will prevent vehicles other than fire apparatus from using the roads leading to the fire. In case of fire between 4:00 PM and 8:00 AM, watchmen on duty will continue on post unless directed otherwise by proper authority. Watchmen, not on duty but present on the reservation, will report to the guard office for directions.

n. Watchmen on Posts No. 1 and 2 will be especially watchful that the road between Ward No. 1-A and the Nurses' Quarters, the road between the Medical Wards and the Officers' Quarters, and the road in front of the Commissary, Laundry, Ward S-1 and Ward S-2, are kept open at all times for the passage of fire apparatus in the event of fire. They will not permit automobiles to park in areas other than those specified in current hospital regulations and will be especially watchful that all regulations on automobile parking are being observed.

o. Watchmen of Post No. 1, between the hours of 5:30 PM and 7:00 AM, will observe the Laundry Office on each round of that post, and will see that a light is burning there.

p. Watchmen on Post No. 1, between the hours of 5:30 PM and 7:30 AM will, on each round, observe the windows of the Quartermaster Office on the second floor of the Administration Building and will see that a light is burning therein. If no light is burning, they will immediately notify the Guard Office and will remain thereby until the arrival of the Officer of the Day or the non-commissioned officer of the relief.

q. Watchmen on Post No. 1, between the hours of 5:30 PM and 7:30 AM will, on each round, observe the appearance of the Post Exchange Store. Should any lights be extinguished or should the store have the appearance of being disturbed they will immediately notify the Guard Office and remain nearby until the arrival of the Officer of the Day or the noncommissioned officer of the relief.

r. Watchmen on Post No. 1 and 2 between the hours of 5:30 PM and 7:00 AM, will observe the Quartermaster Commissary and warehouse on each round of this post, and will see that lights are burning therein. In case no lights are burning, the non-commissioned officer of the relief will be notified immediately. Particular attention will be paid to lights in the following places:

- (1) Administration Building:
  - (a) Adjutant's Office
  - (b) Registrar's Office
  - (c) Quartermaster Office (second floor)
- (2) Post Exchange.
- (3) Commissary.
- (4) Mess Office.
- (5) Laundry.

If lights are not burning or doors are found unlocked in any of these places, the non-commissioned officer of the guard will be notified without delay.

s. Watchmen on Post No. 2, between the hours of 5:30 PM and 7:00 AM, will observe the Medical Property Warehouse on each round of this post, and

## HOSPITAL GUARD

*see memo 81*

will see that lights are burning therein. In case there is no light turned on they will notify the non-commissioned officer of the relief immediately.

t. Watchmen on Post No. 2, particularly between the hours of 5:30 PM and 7:00 AM, will see that the doors of the Officers' Garage are locked, and that no unauthorized persons are permitted in or about the Auto Parking shed north of the Medical Supply Warehouse. Unauthorized persons found in or about the Officers' Garage or the Auto Parking Shed will be turned over to the Officer of the Day.

u. Watchmen on Post No. 2, between the hours of 5:30 PM and 7:00 AM, will see that lights in the Post Exchange Gasoline Filling Station are burning, and that the door is locked. In case no light is burning or the door is unlocked, the non-commissioned officer of the guard will be notified without delay.

188. Prisoners.—a. Garrison prisoners will be conducted to the various clinics from Ward S-2 by a responsible enlisted attendant. General prisoners will be conducted from Ward S-2 to the various clinics and return by members of the guard who have received instructions in the use of the service pistol. The Sergeant of the Guard will be held responsible for the selection of these sentries, and will provide them with the necessary amount of ammunition, which will be turned in as soon as the sentries return to the Guard Office.

b. Prisoners working under guard will be in charge of sentries familiar with the use of firearms, and armed with the service pistol, and supplied with the proper ammunition. Ammunition will be issued by the Sergeant of the Guard, and checked in by him when the sentries return to the Guard Office.

c. If a sentinel is guarding prisoners and the fire alarm is sounded, the sentinel will conduct his prisoners at double time to Ward S-2, turning them over to the noncommissioned officer in charge. He will then proceed without delay to the scene of the fire and report to the Officer of the Day.

d. The conduct of members of the guard, while acting as sentries, will be governed by the instructions laid down in Training Regulations covering the guard duty TR 135-15.

189. Posts.—Watchmen assigned to the hospital guard will be posted as follows:

### Post No. 1:

Extends from the Guard Office south along sidewalk to the intersection of Torney Avenue and Kennedy Avenue, west over Torney Avenue in front of the Officer of the Day's Office, Administration Building and Post Exchange to its intersection with Girard Road (Key Station No. 1); north over Girard Road to its intersection with Edie Road (Key Station No. 2), east on Edie Road to its intersection with Kennedy Avenue (Key Station No. 3); thence south along Kennedy Avenue to the Guard Office.

## HOSPITAL GUARD

### Post No. 2:

Extends from the Guard Office south along sidewalk to the intersection of Torney Avenue and Kennedy Avenue (Key Station No. 4), north over Kennedy Avenue to its intersection with Birmingham Road (Key Station No. 5), west over Birmingham Road to its intersection with Medical Supply Road, south on Medical Supply Road to its intersection with Thornburgh Road, west over Thornburgh Road to southwest corner of Building No. 38 (Key Station No. 6), south on Girard Road to its intersection with Torney Avenue, east on Torney Avenue to its intersection with Kennedy Avenue, north on Kennedy Avenue to the Guard Office.

### Post No. 3:

Extends from the Guard Office south along sidewalk to the intersection of Torney Avenue and Kennedy Avenue, east over Torney Avenue to its intersection with Sternberg Avenue, south over Sternberg Avenue to its intersection with Glennan Road, east over Glennan Road to southeast corner of Building No. T-29 (Key Station No. 7), north over Glennan Road to northwest corner of Building No. T-24 (Key Station No. 8), south over corridor in front of Buildings Nos. T-23, T-22 to T-21; east to southwest corner of Building No. T-28 (Key Station No. 9), south over Sternberg Avenue to its intersection with Torney Avenue, west over Torney Avenue to starting point.



## ADMISSION OF PATIENTS

190. **Admission.**—The Receiving and Evacuation Officer will have charge of the admission to hospital and assignment to proper wards, of all patients between the hours of 9:00 A. M. and 4:30 P.M., except Sundays and holidays, when the hours will be from 9:00 A. M. to 12:00 noon. His duties will be assumed by the Officer of the Day during the hours other than prescribed above, and when the Receiving and Evacuation Officer is absent.

191 **Classes of Patients Entitled to Admission:**—a. Persons eligible for admission to this hospital are listed in Par. 7. A-R. 40-590.

b. Officers, Warrant Officers, Cadets of the United States Military Academy, Members of the Army Nurse Corps, enlisted men and contract surgeons in the active military service of the United States, who are absent from other than neighboring stations and are traveling under orders, on leave of absence, furlough, etc., will be admitted only in case their condition is such that treatment could not safely be delayed until the time of arrival at their proper station. In the event of admission of anyone under such circumstances, the facts are to be reported by the Admitting Officer to the Registrar, as indicated below.

c. Any emergency case regardless of status may be admitted when severe suffering or danger to life is evident., and delay or transportation elsewhere would likely aggravate either condition. In such case the status of patients will be adjusted after admission. In all emergency cases, military or otherwise, effort will be made to secure information as to friends or relatives, who will be notified at once if the condition of patient justifies such action.

### 192 Channels of Admission; Examination of Patients on Admission.—

a. All patients will be admitted to the hospital through the Receiving and Evacuation Office, where the required admission data will be made of record, and assignment to proper ward effected. In emergency cases the patient may be taken directly to the ward and necessary admission data obtained later.

b. Patients other than those on the status of officers, women, children, emergency cases of contagious disease, who report at the Receiving and Evacuation Office for admission, will be required to deposit all personal clothing and baggage, in the Patients' Baggage Room, except the articles specified in par. 257 and shall receive in exchange for such personal clothing the following articles of hospital clothing:

1 suit of pajamas

1 convalescent suit

1 bath robe.

Patients will then, if their condition permits, be required to bathe, when they will be examined by the Receiving and Evacuation Officer and assigned to an appropriate ward without delay.

c. A list will be maintained in the Receiving and Evacuation Office designating the types of cases normally admitted to each ward, to be used as a guide to assist the Admitting Officer in making the proper ward assignments and to obviate transfers of adjustment later. Wards will accept without question patients assigned thereto by the admitting officer. Any re-assignment that may appear necessary will be effected as prescribed in regulations.

d. Patients admitted to hospital will be examined physically without delay by the Receiving and Evacuation Officer or his representative and, in his ab-

## ADMISSION OF PATIENTS

sence, by the Officer of the Day or by an Emergency Intern designated by him, and such orders given as may be necessary relative to the treatment, care, etc., unless arrangements for the patient's admission have been made in advance. After assignment has been made to a ward, the patient will be conducted thereto by an attendant from the Receiving and Evacuation Office, who, in all cases will carry any baggage the patient may have. Upon delivery of the patient, this attendant will obtain from the ward a replacement in kind for the articles of hospital clothing issued in the Receiving Office.

193. **Arrival of Patients by Train or Boat.**—Immediately upon receipt of information as to the expected time of arrival of patients by train or boat, the Receiving and Evacuation Officer or, in his absence, the Officer of the Day, will arrange for the necessary ambulance transportation and attendants to meet patients. When it is known that patients who are to arrive are suffering from communicable diseases, separate ambulances will be provided for their transportation.

194. **Reports Rendered When Patients Stationed at Adjacent Posts are Admitted Direct.**—a. **By Admitting Officer.** Whenever an officer, warrant officer, enlisted man, or other militarized person stationed at the Presidio of San Francisco, Fort Winfield Scott, Fort Miley, Fort McDowell, or any other post or command about the bay, is admitted direct to hospital (other than by formal or informal transfer), the admitting officer will immediately communicate by telephone with the Adjutant, or, in his absence, the Officer of the Day of patient's station, and advise as to the fact, date, and time of admission. A record of such action will be made and initialed by the admitting officer under the heading, "Source of Admission" on the clinical record brief (Form 55a, M.D.)

b. **By Registrar.** On the morning after admission of cases referred to in preceding subparagraph a, the Registrar will dispatch by mail formal notification of admission to patient's Commanding Officer and Surgeon.

195. **Reports Rendered When Patients Stationed at Other Than Adjacent Posts Are Admitted Direct.**—a. **By Admitting Officer.** Whenever an officer, warrant officer, enlisted man, or other militarized person absent from other than adjacent posts is admitted direct, the admitting officer will cause to be entered on Admission Sheet (Form 2, L.G.H.), the fact, date, and time of admission together with a notation as to status of patient as disclosed by interrogation at time of admission. Such records, orders, or other papers which can be furnished by the patient and which serve to explain his status will be turned over to the Registrar as soon as practicable.

b. **By Registrar.**—On the morning after admission of cases referred to in the preceding sub-paragraph, the Registrar will forward by mail, formal notification of admission to patient's Commanding Officer or other proper authority. In cases where it appears that the report should be sent by telegraph or radio, the facts will be reported to the Adjutant for appropriate action.

196. **Records.**—a. The Receiving and Evacuation Officer will be responsible for the preparation and disposition of the following records:

- (1) Clinical Records Brief (Form 55a, M.D.). To be prepared in duplicate and initialed by the admitting officer. Both copies will be sent to the ward to which the patient is assigned.
- (2) Bed Card (Form 25, L.G.H.). To be prepared (single copy), and accompany the patient to the ward.

## ADMISSION OF PATIENTS

- (3) Admission Card (Form 78, L.G.H.). To be prepared, (single copy), and transmitted without delay to the Information office.
- (4) Local deposit (Form 49, L.G.H.). Patients' Funds and Valuables).
- b. The following forms will be prepared on the admission of certain cases:
  - (1) In-patient record card (U.S.V.A. Form 2593). Upon the admission of a beneficiary of the U. S. Veterans' Administration, an In-Patient record card (U.S.V.A. Form) will be prepared in triplicate so far as data is available. All copies (accompanied by the U.S.V.A. admission card and U.S.V.A. records presented by patient will be transmitted to the Officer in charge of U.S.V.A. Patients' Records.
- c. The following reports will be prepared daily or as otherwise directed:
  - (1) Admission Sheet (Form 2, L.G.H.). To be prepared and disposed of in accordance with such instructions as may be issued from time to time.
  - (2) When officers on the Emergency Officers' Retired List are admitted to the officers' ward they will be taken up on the Admission Sheet (Form No. 2, L.G.H.), as U.S.V.A. Rank E.O.R.L.; for example, Smith, :William H., U.S.V.A., Capt., E.O.R.L. A similar notation will be made in the appropriate place on Form 55a and all other hospital records which bear the patient's name.
  - (3) Departure Sheet (Form 1, L.G.H.). To be prepared in accordance with such instructions as may be issued from time to time.
  - (4) Daily report of hospital bed status. (Form 48, L.G.H.). To be prepared daily from data available on Ward Morning Reports and disposed of as directed in such local instructions as may be issued from time to time.
  - (5) Daily report of Ward transfers and Changes of Status (Patients and Duty Personnel). To be prepared on letter-size paper listing each patient transferred with the ward from which transferred and to which transferred according to data contained in the transfer card (Form 20, L.G.H.) which is forwarded to the Receiving and Evacuation Office prior to transfer. Changes of Status (Patients and Duty Personnel) will be extracted from the Daily Report of the Administrative Officer of the Day onto the sheet on which Report of Ward Transfers is prepared. Distribution of these reports will be as prescribed in such instructions as may be issued from time to time.

197. **Procedure on Admission of Certain Types of Patients.**—a. Patients with contagious diseases will not be permitted to leave ambulance or enter the Receiving and Evacuation Office, but, after having been seen by the Receiving and Evacuation Officer, will be sent directly to the Isolation Ward. Ambulatory patients for this ward will not be permitted to go through the hospital, but will be conducted to that ward by way of the road between the Nurses' Quarters and Ward A-1.

- b. When prisoners or insane cases are admitted, their guard or attendants



## ADMISSION OF PATIENTS

will escort them to the proper ward, accompanied by an orderly from the Receiving and Evacuation Office. Insane and prisoners will be placed in Ward S-1 and S-2 respectively.

c. Upon the admission of emergency surgical cases where operative procedure is indicated, during hours other than those when the operating room is open, the admitting officer will cause the emergency operating room personnel, including nurses and enlisted men, to be immediately notified in order that the operating room may be made ready to function.

**198. Admission of Children.**—When children under the age of six years are admitted to Wards G-1, P-1, R-1, the mother, if she elects to act as child's nurse while the child is in the hospital and there is a bed available for her, may be lodged and messed on the ward. When acting as child's nurse she must conform to hospital and ward regulations. In such cases the hospital nursing service will be responsible for technical nursing and will observe child's nursing. The usual diet charge of \$1.25 per diem will be made for the child's nurse subsisted on the ward.

*see memo # 12 for changes new para  
199; 200, 201, 202, and 203;*  
**DISCHARGE OF PATIENTS**

199. **Supervision Over Discharge of Patients.**—The Receiving and Evacuation Officer will have supervision over the final discharge of patients from this hospital, all of whom will pass through his office upon departure.

200. **Time of Discharge Unless Otherwise Directed.**—All patients who are to depart from hospital will ordinarily be discharged from their wards at 1:00 PM, except enrollees of the Civilian Conservation Corps who will routinely leave at 7:30 AM. In the event exceptional reasons indicate otherwise patient may be permitted to leave at any other appropriate time.

201. **Arrangements in Advance of Discharge.**—a. Action regarding the disposition of cases other than on separation from the service and transfer to another hospital will be initiated by ward officers far enough in advance to permit the completion of the Clearance Form (Form No. 30, LGH), and Disposition Form (Form No. 14, LGH), by 4:00 p.m. of the day prior to that on which the patients are to leave.

b. Mess and Post Exchange bills of patients about to be discharged from hospital will normally be paid during office hours. Exception to this will be made only in case of emergency. In emergency the Officer of the Day may accept payments for the Mess and Post Exchange. The Officer of the Day will deliver amounts thus collected to the proper office (Mess or Post Exchange) as soon thereafter as such offices are opened for business.

202. **Procedure to Discharge Patients from Hospital (Other than on Separation from Service or Transfer to Another Hospital).**—When it has been determined that a patient is physically fit for discharge from hospital, the procedure outlined below will be followed: *Change Memo # 24, 4-11-40*

a. The Ward Officer will furnish the patient with a clearance form (Form No. 30, LGH), and instruct him to have it initialed by the heads of the departments concerned and return the form to the ward officer who will attach it to the back of his clinical record. The Ward Officer will then close the clinical record of the case and initiate a single copy of the disposition form, (Form No. 14, LGH). The clinical record, clearance form, and disposition form will then be sent to the Chief of the Service concerned who will initial the disposition form and dispose of it as directed in Paragraphs (1) and (2) below. The clinical record will be reviewed by the Chief of Service, necessary corrections made and promptly forwarded to the Registrar.

(1) **Military Patients (Active List).**—In cases of military patients on the active list, the disposition form, after approval by the Chief of Service, will be sent to the Registrar for the action prescribed below. In all such cases, the Chief of Service will note on the disposition form whether further observation and treatment (while on a duty status) is or is not indicated. In case further observation or treatment is indicated, the Chief of Service will proceed as directed below.

*Change Memo # 24*  
**All other Patients.**—In all cases, other than military patients on the active list, such as beneficiaries of the Veterans' Administration, retired personnel, members of officers, and enlisted men's families, etc., the disposition form, after approval by the Chief of Service, will be returned to the Ward Officer to serve as final authority for the patient's discharge. The disposition form will then be disposed of as directed below.

## DISCHARGE OF PATIENTS

b. The Registrar, upon receipt of the disposition form transmitted to him by the Chief of Service, will, after securing the data required by his office, carefully check the data thereon as to the patient's name, rank, organization, and serial number, by reference to his office records and make any necessary corrections. He will make entry on the form as to the station to which patient should be returned, under the provisions of existing Army Regulations and, in addition, state thereon whether travel orders are required. The disposition form will be initialed by the Registrar or, in his absence, by the officer acting in his capacity, and sent with any pertinent orders or papers on file in the case to the Adjutant for the preparation of necessary orders, after which the disposition form will be filed with the retained special order in the headquarters of this hospital. A copy of the special order which has been issued will be furnished by the Adjutant to the Ward Officer for his authority to discharge the patient. If travel orders are not required, proper notation will be made by the Registrar on the disposition form, after which it will be returned to the Ward Officer to serve as final authority for the patient's discharge.

**203. Disposition of Patient's Bed Card.**—Each patient summoned to the Receiving and Evacuation office for discharge will present his bed tag to the Receiving and Evacuation Officer for purposes of identification. Bed tags need not be preserved after they have served this purpose.

**204. Notification to Soldier's Commanding Officer and Surgeon.**—On the day that a military patient has been discharged to duty, the Registrar will notify the patient's immediate commanding officer, in writing, (Form 15, LGH), through the surgeon of his station or command as follows:

- a. The name of the patient.
- b. The duration of his stay in hospital.
- c. Whether or not the illness or injury was in line of duty, and
- d. Whether it was due to the patient's own misconduct (Par. 7b (3) AR 40-590).
- e. Whether or not further treatment will be required.

**205. Observation and Treatment after Discharge from Hospital.**—When in the opinion of a Chief of Service, a military patient who is to be discharged from hospital should be continued under observation or treatment after return to his station, he will cause to be prepared a letter to the Surgeon of the patient's proper station or command giving a brief, concise, medical history of the case including suggestions for further treatment and send it to the Registrar for transmission to the Surgeon of the Patient's station. In the case of officers and warrant officers who have appeared before a "Disposition Board", a copy of the Board's proceedings will be forwarded in lieu of the history, a notation being made thereon of suggested treatment.

**206. Procedure when Patients are to be Separated from Service.**—When a patient is to be separated from the service, the Registrar will notify the Ward Officer by informal memorandum, setting forth the reason for separation and the date it is to take place. Upon receipt of this memorandum, the Ward Officer will furnish the patient with a clearance form and instruct him to have it initialed by the heads of the departments concerned and return the form to the Ward Officer who will attach it to the back of the clinical record.



## DISCHARGE OF PATIENTS

The Ward Officer will then close the clinical record of the case and send it not later than 1:00 P.M. of the day specified in the memorandum to the Chief of Service. The Ward Officer will then note on the patient's bed card the date and nature of disposition, sign the card, and send it on the day of departure with the patient to the Receiving and Evacuation Officer. No disposition form will be used.

**207. Procedure when Patients are to be Transferred to Another Hospital.—**When the transfer of a military patient to another hospital for observation and treatment is indicated, the Chief of Service will make written recommendation to that effect to the Commanding Officer. The approved recommendation will be transmitted to the Registrar who will notify the Chief of Service and at the proper time obtain a copy of the travel order, and transmit it to the Ward Officer concerned. The Ward Officer will then close the clinical record of the case and send it without delay to the Chief of Service, who will cause a copy of the clinical record to be made and transmitted to the Registrar, for forwarding with the patient. The Ward Officer will then note on the patient's bed card the date and nature of disposition, sign the card, and send it on the day of departure, with the patient, to the Receiving and Evacuation Officer. No disposition form will be used.

**208. Record of Departure made by Receiving and Evacuation Officer; Departure Sheet.—**Upon the receipt of the bed card, transmitted to him as indicated above, the Receiving and Evacuation Officer will hold such card until the patient actually departs, after which it will be used as data for the preparation of the Departure Sheet (Form No. 1, LGH).

**209. Disposition of Civilian Components of the Army.—a.** Members of the National Guard of the Reserve Officers' Training Camp (R. O. T. C.), of civilian training camps (C. M. T. C.) and officers of the Organized Reserves who remain in hospital subsequent to completion of the period of active duty in which they are serving will be brought before the Disposition Board for recommendation as to final disposition, when hospital treatment is no longer deemed necessary by the Ward Officer or Chief of Service concerned.

b. The proceedings of the Disposition Board such cases will show in each case, (1) the diagnosis, (2) the line of duty status, (3) physical condition, (4) Whether or not hospitalization is required, and (5) a complete, a concise medical history of the case, (6) whether further medical treatment will or will not be required after return home and in the event that further medical treatment is required, the reasons therefor and probable duration of such treatment.

c. Proceedings of the Board will be in triplicate.

**210. Discharged Soldiers.—a.** Paragraph 7 g, A.R. 40-590 authorizes retention of discharged soldiers in hospital for such period as the Commanding Officer may consider proper and necessary. The purpose of the above mentioned paragraph is to prevent the discharge from hospital of discharged soldiers who are too sick to leave at the time their enlistment expires or upon their discharge on Certificate of Disability. However, it is the intention of this paragraph that these patients be retained only a sufficient time to enable them to reach the maximum benefit from hospital treatment for the condition which was present at the time of their discharge from service.

b. When practicable, the Registrar will inform the Chief of Service concerned at least two weeks in advance of the period when the enlistment of

## DISCHARGE OF PATIENTS

a soldier patient on his service expires. The Chief of Service will then direct the Ward Officer to institute the necessary procedures to have him discharged on Certificate of Disability when such discharge is indicated.

c. Discharged soldiers will not be held in hospital for a period longer than thirty (30) days without authority from the Commanding Officer. Requests for authority to retain discharged soldiers in hospital beyond the period mentioned above will be addressed to the Commanding Officer through the Chief of Service and set forth the patient's name, date of discharge, diagnosis, the necessity for remaining in hospital, and the probable length of time he should remain to reach the maximum benefit from hospital treatment. Such patients will not be accorded the benefit of elective surgical operations.

211. **Interview of Certain Patients Prior to Discharge.**—a. Beneficiaries of the U. S. Veterans Administration and enrollees of the Civilian Conservation Corps will be interviewed by the Ward Officer prior to discharge from hospital in order that any complaints they may care to make may be investigated before their departure.

*Change A. Memo - #15-4-5-40*  
b. The Ward Officer will note over his signature on the back of the Disposition Form whether or not the patient has any complaints. If any complaint is made the patient will be sent to the Hospital Inspector for investigation.

c. Under no circumstances, other than discharge against medical advice, will the Ward Officer discharge a beneficiary of the U. S. Veterans Administration or an enrollee of the Civilian Conservation Corps until the Disposition Form shows the notation referred to above.

*Usual Occurrence. Memo - #30, 4-16-40*

*Report on Form #7 L.G.H.*

*Accidents, errors in medication,  
injuries, etc. 9:00 AM*

## DEATHS

**212. Administration and Clerical Jurisdiction in Connection with Deaths.** The Registrar will exercise administrative and clerical jurisdiction over all details in connection with deaths which occur at this hospital. This duty will include the preparation and rendition of the necessary certificates, routine reports and records incident thereto, **the notification to relatives of the death**, and the necessary arrangements with them for the prompt and satisfactory disposal of remains. In the performance of the aforementioned duties, the Registrar will be governed by the provisions of Army Regulations and such other pertinent official orders and instructions as may be issued to him.

**213. Notifications in Case of Approaching Death.**—In case of approaching death of a patient, the Ward Nurse will immediately notify the Ward Surgeon, if he be present, and the Officer of the Day. Upon receipt of such notification, the Officer of the Day will advise the nearest available Chaplain by telephone.

**214. Procedure on Death of a Patient.**—If death occurs, the body will not be removed from the ward until death has been pronounced by a medical officer. Before removal of remains from the ward a "death tag" (local form), properly prepared and signed by the medical officer in attendance at the time of death, will be securely tied to the right great toe of the body. Before the body is removed from the ward it will be thoroughly washed, eyes and mouth properly closed, and all openings properly plugged to prevent discharge while handling from ward to the morgue. The remains will be removed with as little disturbance as possible. *See Memo. 87-6-10-100 109 7-6-4*

**215. Rendition of Death Report.**—Immediately upon the death of a patient, the "death card" (local form), will be initiated and accomplished by the medical officer in attendance and promptly dispatched by him to the Officer of the Day, who will note and initial the form. The Officer of the Day will then turn it over to an attendant on duty in the Receiving and Evacuation Office, with instructions to **notify each office indicated on the form**, and to then deliver it to the **Registrar in person or his noncommissioned officer representative without delay**. Should the death occur during the hours in which the Registrar's Office is closed, the **Officer of the Day** will retain the death card in his personal possession and make the necessary notifications, including **notification to relatives, as required by AR 600-50**, and will then take the necessary action to insure the delivery of the form to the Registrar as soon as practicable. After official reference and use by the Registrar, the "death card" will be filed with the death records.

**216. Disposition of Bed Card on Death of Patient.**—Immediately upon the death of a patient, the bed card, properly accomplished by the medical officer in attendance, will be sent to the Receiving and Evacuation Office, there to be noted on the departure sheet, after which the card will be transmitted to the Registrar for file.

**217. Record of Deaths to be Entered on Guard Report.**—A record showing the date and time of death, name, rank, organization, or other status of deceased, will be entered on the Guard Report for the twenty-four (24) hour period during which the death has occurred.

**218. Autopsies.**—Autopsies will be done only by the Chief of the Laboratory Service or his assistant, on the written authority of the Commanding Officer in each case. No medical officer on the operative staff of the Surgical Service will actively participate in any autopsy.



## DEATHS

219. **Funds and Valuables of Deceased Patients.**—Funds and valuables of deceased patients will be disposed of as prescribed in paragraph 228-233.

220. **Clothing and Baggage of Deceased Patients.**—Clothing and baggage of deceased patients will be disposed of as prescribed in paragraph 260 d.

221. **Hospital Accounts of Deceased Pay Patients.**—Upon the death of a pay patient, the ward surgeon will make immediate report to the Mess Officer, as prescribed in these regulations.

*See memo 126*

## PASSES, FURLOUGHES AND LEAVES FOR PATIENTS

222. **Passes; General Policy.**—Patients may be granted passes when absence from hospital will in no way interfere with treatment. Ordinarily pass privileges will not be extended to one individual more frequently than twice each week. Patients in closed or isolation wards will not be permitted to leave the hospital.

223. **Duration of Passes.**—Passes ordinarily will be granted for the period 1:00 PM to 10:00 PM of the same day. Under exceptional circumstances passes may be granted for longer periods, not to exceed 72 hours. In such cases the Ward Officer will state briefly the circumstances involved in the space under the patient's name on the pass list (Form 90, L.G.H.). All ordinary passes will terminate not later than 10:00 PM.

224. **Procedure for Granting Passes.**—Pass lists on Form No. 90, L.G.H., will be prepared in duplicate by the Ward Officer and sent to the Commanding Officer, Detachment of Patients, for his action by 11:00 AM of the day on which they are to become effective. The duplicate will be returned to the ward where it will be posted on the ward bulletin board. The original will be sent to the Patients' Baggage Room where it will serve as authority for issue of the patient's clothing, the fact of issue being noted on the left margin of the list opposite the patient's name.

225. **Procedure for Going On and Returning from Pass.**—a. Patients going on pass will change from hospital clothing into street clothes in the dressing rooms provided in the Patients' Baggage Room, turning in their hospital clothing for storage until return from pass. The attendant in charge will inventory in duplicate hospital clothing thus turned in, retaining the original and giving the duplicate to the patient.

b. Upon return from pass the patient will enter the hospital through the Receiving and Evacuation Office where he will change into hospital clothing and then proceed directly to the ward.

c. The attendant in charge of the Patients' Baggage Room will note on the Pass List (Form No. 90, L.G.H.), the hour and date of return of each patient listed thereon.

226. **Furloughs.**—Furloughs will not be granted enlisted patients except under exceptional circumstances and for therapeutic reasons.

227. **Sick Leaves, Officers.**—a. The provisions of AR 605-115 will govern.

b. Applicants for sick leave will be forwarded through the Ward Officer and the Chief of Service. The Chief of Service will furnish information as follows:

- (1) Nature, seat, and degree of the disease, wound, or disability.
- (2) The period during which the officer has suffered therefrom.
- (3) Prognosis.
- (4) Whether observation and treatment in a General Hospital are indicated at this time.
- (5) Whether a sick leave will better assist in restoring health.
- (6) Length of time necessary for such restoration.
- (7) Specific recommendations as to whether or not the sick leave should be granted.

c. All patients departing on leave will report their departure to the Officer of the Day's Office. A similar procedure will be followed upon their return.

## FUNDS AND VALUABLES OF PATIENTS

### 228. Custodian of Patients' Funds and Valuables; Audit of Patients' Funds.

—The Registrar is the Custodian of Patients' Funds and Valuables, and is personally responsible for safeguarding them after they have been delivered to him. Patients' funds will be deposited in a local bank and disbursed in the form of checks by the Custodian personally. These funds will be audited as required under War Department instructions by a disinterested commissioned officer who will be appointed monthly by the Commanding Officer.

229. Information to be Furnished Patients on Admission.—Upon admission to hospital all patients whose physical and mental condition is such that they can understand will be asked by the admitting officer as to whether they have any funds and valuables in their possession which they desire to deposit with the Custodian of Patients' Funds and Valuables for safekeeping. They should be urged to safeguard their funds and valuables in this manner, and informed that the hospital authorities will not be responsible for loss of either funds or valuables not so deposited.

230. Accomplishment of Local Deposit Form by Patient and Admitting Officer.—After being informed as indicated in preceding paragraph, the following procedure will be followed:

a. For patients desiring to make deposits will sign the local deposit form (in triplicate), acknowledging that they have been informed relative to making deposits and itemizing separately thereon the funds and valuables they wish to deposit and those they wish to retain. The admitting officer will sign all copies of the receipt for the articles deposited and deliver the duplicate copy to the patient. The original and triplicate copies, accompanied by the money and valuables listed thereon, will be transmitted by the admitting officer personally to the Custodian of Patients' Funds and Valuables as soon as practicable, and he will acknowledge by signature on each copy, returning the triplicate copy to the officer originally receiving the deposit, and file the original for future reference.

b. For patients having no money or valuables in their possession.—Patients having no money or valuables in their possession will, nevertheless, be required to sign the local deposit form acknowledging that they have been informed relative to making deposits. The word "None" will be noted under each of the appropriate headings on the form. In such cases only one copy of the form will be prepared, which will be submitted to the Custodian of Patients' Funds and Valuables by the admitting officer not later than 9 AM the following morning.

231. Procedure in Case of Mentally or Physically Incapable Patients.—When patients are admitted who appear to be incapable mentally or physically to follow the procedure outlined in preceding paragraph, the following procedure will be followed:

a. Search for money and valuables by admitting officer.—A careful and thorough search of patient's person and effects will be made by the admitting officer who will take therefrom for safekeeping any money or valuables which they may find. This search will ordinarily be conducted in the presence of two witnesses.

b. When attendant accompanies patient.—Attendants accompanying a patient on admission will be asked whether or not any money and valuables belonging to patient are in their possession. Any articles delivered by attendants, together with those found on patient's person, will be itemized (in triplicate)



## FUNDS AND VALUABLES OF PATIENTS

on the local deposit form which will be signed by the attendant and receipted for by the admitting officer. The form may be suitably altered for the purpose indicated and a notation will be made thereon as to the reason for the patient not executing the form. In addition, notation will be made of the name and status of attendants. The duplicate copy will be furnished the attendant. The original and triplicate copies, together with the money and valuables, will be sent as soon as practicable to the Custodian of Patients' Funds and Valuables, who will receipt and return the triplicate copy to the officer originally receiving the deposit and file the original for future reference. When no funds and valuables are delivered by attendants or found on patient's person, but one copy of the form will be accomplished by the admitting officer, in which case the word "None" will be noted under each of the appropriate headings on the form. It will be sent to the Custodian of Patients' Funds and Valuables not later than 9:00 AM the following morning.

c. When unaccompanied by attendant.—When patients are unaccompanied by attendants the procedure will be the same as prescribed in preceding subparagraph b, except the admitting officer will accomplish the form in duplicate only, both copies being sent to the Custodian of Patients' Funds and Valuables who will receipt and return the duplicate to the officer originally receiving the deposit and file the original for future reference.

232. **Supplementary Deposits by Patients in Hospital.**—Patients who desire to deposit money or valuables during their stay in hospital will, if their physical condition permits, make such deposits personally with the Custodian of Patients' Funds and Valuables. Patients whose physical condition prevents them from making deposits in person may turn same over to their respective ward surgeons who will accomplish the local deposit form. Deposits will be turned over to the Custodian of Patients' Funds between 9:00 a.m. and 4:00 p.m. daily, with the exception of Saturdays, Sundays and legal holidays when the hours will be from 9:00 a.m. to 11:30 a. m. Money or valuables for patients may be withdrawn between 9:00 AM and 11:00 AM.

233. **Funds and Valuables of Deceased or Seriously Ill Patients.**—Upon the death of a patient the ward officer or nurse will make an immediate search of the deceased's person, bed, bedside table, and all effects belonging to patient that may be in the ward, and take therefrom for safekeeping any money or valuables which may be found. This search will ordinarily be made in the presence of two witnesses. Any money or valuables found will be itemized (in duplicate), and signed for by the officer or nurse making the search, on the local deposit form, which will be suitably altered for the purpose indicated. After this action the forms, together with any money and valuables found, will be turned over to the Officer of the Day who will dispose of them as prescribed in paragraph 231 c, herein. When a seriously ill patient becomes incompetent to safeguard any money or valuables that he may have in his possession the same procedure will be followed.

234. **Financial Dealings with Patients.**—No nurse, enlisted man, or civilian employee of this command will have any financial dealings with patients whatsoever. Under no circumstances will money or valuables be received or delivered by them.

## PAY PATIENTS AND HOSPITAL ACCOUNTS

**235. Supervision Over Accounts and Records, Etc., of Subsistence and Medicine Charges.**—The Mess Officer, in his capacity as Custodian of the Hospital Fund, will make collection of all subsistence indebtedness due the Fund by pay patients, and will be responsible for the proper maintenance of all accounts and records pertaining thereto. He will also receive, account for, and make the prescribed disposition of all funds paid as medicine charges by patients in hospital who are not entitled to medical care and treatment at the expense of army appropriations. The Mess Officer will institute the necessary steps in accordance with Army Regulations for the collection of any money due the Hospital Fund by pay patients for which settlement cannot be obtained locally.

**236. Charges for Pay Patients.**—Subsistence and medicine charges, as prescribed in AR 40-590, will be obtained for "pay patients" of this hospital, all of whom will be required to make settlement of their hospital accounts with the Mess Officer when they report for clearance. Each patient, upon settling his hospital indebtedness, will be furnished an itemized, numbered and signed receipt.

**237. Classes of Patients Not Required to Make Personal Settlement of Accounts.**—Hospital accounts for the following classes will not be paid by the individual patients, but will be charged as required and collected by the Mess Officer in the manner prescribed by existing regulations and instructions:

- Applicants for enlistment.

- Navy and Marine Corps personnel on active duty.

- Beneficiaries, United States Veterans' Administration.

- Civilian employees of the army who are entitled to subsistence at public expense.

- Discharged soldiers.

- General prisoners.

- Seamen of Transport Service.

- Destitute persons admitted to hospital under the provisions of Paragraph 6 b (14), AR 40-590.

- Trainees from Reserve Officers' Training Corps and Citizens' Military Camps.

- Flying Cadets.

- Officers and Warrant Officers of the National Guard and Organized Reserves after termination of service and who are entitled subsistence at Government expense.

- Enlisted men of the National Guard or National Guard Reserve.

**238. Procedure on Death or Departure of Pay Patient Other Than by Discharge.**—When a patient dies or departs from hospital other than by formal discharge, the Ward Officer will immediately report such change of status to the Mess Officer by informal memorandum.

**239. Monthly Settlement of Accounts by Pay Patients Remaining in Hospital.**—On the first day of each month, Ward Officers will direct all pay patients, who have remained in hospital over the preceding month, to pay their hospital indebtedness to the Mess Officer without delay. The names of any of this class of patients who are bedridden, or who for some reason are unable to so report, will be sent to the Mess Officer by memorandum. The Mess Officer will call at the wards where such patients are located and obtain settlement of the accounts.

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**240. General Procedure and Regulations Governing.**—The general procedure governing clinical records of patients in hospital is as prescribed in existing Army Regulations and such other applicable official publications and instructions in force. AR 40-1023, 40-1030, 40-1035, 40-1040, 40-1045, 40-1050, 40-1055, 40-1060, 40-1065, 40-1070, and 40-1075.

**241. Institution of Clinical Briefs.**—Upon the admission of a patient, the Clinical Record brief will be initiated by the Admitting Officer. As soon as practicable, the ward officer, assistant ward officer, or intern, will complete the various sheets which form the full clinical record, the data to be complete in every detail so far as obtainable, and to present a neat and legible appearance. During the period the patient is in the hospital, the ward officer will make frequent surveys of the clinical record to assure himself that current facts and findings in connection with the case are made of record.

**242. Component Parts of the Clinical Record.**—The component parts of the clinical record are selected from the following group of blank forms:

- a. Forms 55a to 55w inclusive, which are official Medical Department blanks, the use and preparation of which are prescribed by the War Department.
- b. Such other forms as the chiefs of service may prescribe.
- c. The following listed local forms of the Letterman General Hospital, the use of which are prescribed by the Commanding Officer.

- (1) L.G.H. Form 8, (Record of and Request for Physiotherapy treatment). Made in duplicate by Ward Officer and both copies sent with clinical records to the Chief of the Physio-therapy Section. On completion of the case, the original will be returned to the ward and attached to the clinical record and duplicate returned with the records of the Physio-therapy Section.
- (2) L.G.H. Form 16, (Request for Dental Treatment). Prepared in duplicate by Ward Officer and sent with patient to Dental clinic. An appropriate check should be made on the form by the Ward Officer to indicate whether examination and report, treatment, etc., are desired. The original will be returned to the Ward Officer and will become a part of the patient's clinical record and the duplicate filed with the records of the Dental Clinic.
- (3) L.G.H. Form 20 (Ward Transfer Slip). Single copy prepared by Ward Officer when he desires to transfer a patient from one ward to another.
- (4) L.G.H. Form 26 (Transfusion Record). This form is instituted by Ward Officer desiring the transfusion.
- (5) L.G.H. Form 57, (Examination of Ear, Nose and Throat case). This form is prepared by the Ward Officer in duplicate and sent with the patient to the Eye, Ear, Nose and Throat Clinic. The original of the completed report will be returned to the Ward Officer and will be attached to the clinical record of the patient. The duplicate will be filed with the records of the clinic.



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report will be returned to the Ward Officer and will be attached to the clinical record of the patient. The duplicate will be filed with the records of the clinic.

- (6) L.G.H. Form 59, (Report of Eye Examination). Same instructions for this form as for L.G.H. Form 57.
- (7) L. G. H. Form 63, (Consultation Request). This form will be prepared by the Officer desiring the consultation and will be sent by him, accompanied by the clinical records, to the Chief of Service having charge of the patient. If the consultation request is an inter-service one, the Chief of Service having jurisdiction over the patient will forward the request, if approved by him, to the Chief of Service from which the consultant is desired. The latter Chief of Service will take appropriate action, designate the consultant, time, date and place of consultation, and send the request to the officer designated to act as consultant. The consultant will communicate with the Ward Officer having charge of the case and inform him of the time and place of consultation. Upon completion of the consultation the consultant will enter his opinion on the form. The same procedure will be followed in intra-service consultations except that the space for reference from the chief of one service to the other will not be filled out. The completed consultation request will be attached to the Clinical Record. Progress sheets will not be used for this purpose.
- (8) L. G. H. Form 80, (Disability Recommendations). —This form will be prepared by the Ward Officer for patients whom he wishes to recommend for discharge on Certificate of Disability. This form, accompanied by the clinical records, will then be sent to the chief of his service for approval. If approved by him, the papers will be forwarded to the Registrar for transmittal to the Disability Board. The following special requirements will be adhered to by the Ward Officer preparing this form:
  - (a) Diagnosis will be made in accordance with AR 40-1035.
  - (b) Manifestations will be stated separately for each diagnosis.
  - (c) Statements will be made showing how the disability or disabilities disqualify.
  - (d) A statement will be made showing whether maximum hospital improvement has been attained.
  - (e) A statement will be made showing whether operation or treatment was declined by the patient for relief of his disability.
  - (f) The line of duty will be specified. If "No" give reasons. In cases of venereal disease, if line of duty is given as "Yes", state reasons. If line of duty has been changed while in hospital, give definite reasons therefor. In all cases in-

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volving injuries received in the service, report of Board of Officers must accompany the form. If the disability is held as having existed prior to enlistment, a statement showing the reasons for this opinion will be made. If the line of duty does not agree with the expressed on transfer from another hospital, give reasons for the change.

- (g) Give cause or origin of disability if determined; if not, so state.
  - (h) State degree of disability for each diagnosis, both civil and military. Express as to fraction.
  - (i) State whether fraud is involved. If discharge under Section VI or Section VIII, AR 615-360 is contemplated, state whether considered mentally competent for discharge under the section.
  - (j) State whether Recruiting Officer is blamable.
  - (k) The form should be typed using front sheet only. It should be accompanied by Form 21, A.G.O., in all cases in which the disability existed prior to enlistment and should have been discovered by the examining medical officer noted on Form 21, A.G.O. The case should be thoroughly worked up before being presented to the Disability Board and sufficient clinical and laboratory data should be incorporated on the form to substantiate the diagnosis and other findings.
- (9) L. G. H. Form No. 92, Special Examination (Electrocardiogram).—Request for electrocardiogram will be made in duplicate by the officer desiring the examination and sent to the officer in charge of electrocardiographic laboratory, who will notify the officer making the request of the time the patient is to report. After completing the examination the officer in charge of the electrocardiograph will complete the forms by appropriate entries in the spaces provided therefor and by affixing to the form in specified places the films of such leads as best demonstrate the condition. One completed form will be forwarded to the officer requesting the examination and the other retained in the files of the electrocardiographic laboratory.
- (10) L. G. H. Form No. 28 (Report of Pre-operative Examination).—A single copy of this form will be prepared by the Ward Officer for every patient who is to receive a general anesthesia, spinal anesthesia, or any other form of anesthesia which may precede a major operation. This completed form will be delivered to the anesthetist with the patient. Upon completion of the operation, the anesthetist will initial the form and attach it to the operation report (Form 55k, M.D.) for file with the clinical record. In case of emergency when there is not sufficient time to complete the form in every detail, the form will be completed

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as far as possible and delivered as prescribed above. In every instance where it is impossible to complete the form, a notation will be made on the blank as follows: "Urgent emergency prevents completion of entries hereon."

- (11) L. G. H. Form No. 96, (Proctoscopic Examination). A single copy of this form will be prepared by the Ward Officer and forwarded to the Chief of the Gastrointestinal Section. The latter will cause the proctoscopic examination to be done and the blank to be completed. The officer making the examination will sign the form and return it to the Ward Officer who originated it, for file with the clinical record.
- (12) L. G. H. Form No. 97, (Record of Neurological Examination).—A single copy of this form will be prepared for every case given a neurological examination, signed by the examining officer, and filed with patient's clinical record.

**243. Clinical Records.—a.** The following instructions will govern the maintenance of clinical records in the various wards:

- (1) Clinical records when not in use will be kept locked in a suitable receptacle. These records or any of the component parts thereof will not be entrusted to patients for delivery from one department or ward to another. Under no circumstances will patients be allowed to peruse their clinical records or be made familiar with the contents thereof.
- (2) The component part of the clinical record will be arranged in the following order and held together with an Acco fastener:
  - Brief, M.D. Form 55a.
  - Family and Personal History, M.D. Form 55b.
  - History and Present Disease, M.D. Form 55c.
  - Subjective Symptoms, M.D. Form 55d.
  - Objective Symptoms, M.D. Form 55e.
  - Objective Symptoms, continued, M.D. Form 55f.
  - Progress Notes, M.D. Form 55g, "Impression" (See par. 243 b (3) infra).
  - Temperature, etc., M.D. Form 55h.
  - Treatment Notes, M.D. Form 55j.
  - Consultation Report, L.G.H. Form 63.
  - Operation Report, M.D. Form 55k.
  - Transfusion Record, L.G.H. Form 26.
  - Radiographic Report, M.D. Form 55-l.
  - Report of Eye Examination, L.G.H. Form 59.
  - Report of Ear, Nose and Throat examination, L.G.H. Form 57.
  - Report of Dental examination, L.G.H. Form 16.
  - Report of Physiotherapy treatment, L.G.H. Form 8.
  - Report of urine examination, M.D. Form 55m.



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Report of feces examination, M.D. Form 55n.

Report of sputum examination, M.D. Form 55o.

Report of blood examination, M.D. Form 55p.

Wassermann Test, M.D. Form 55q.

Gonococcus Fixation Test, M.D. Form 55r.

Typhoid Report, M.D. Form 55s.

Report of stomach contents, M.D. Form 55t.

Miscellaneous laboratory reports, M.D. Form 55u.

Pathological examination of tissue, M.D. Form 55w.

Other records and reports not specified above, in chronological sequence.

Ward Transfer slips, L.G.H. Form 20, will be placed immediately after the progress note which refers to the transfer.

- (3) In case there are several reports covering the same subject, e.g., sputum reports, radiographic reports, temperature charts, etc., they will be arranged in chronological order, with the most recent report nearest the back of the record.

Current progress notes, temperature charts and treatment charts may be kept in the back of the record or on separate files until the sheet is filled when they will be placed in proper order in the record.

- (4) Forms 55a to 55h, and Form 55j, will be used in every clinical record. The other forms specified above will be used only when required.

b. The following instructions will govern the preparation of the component parts of the clinical record:

- (1) Brief, M.D. Form 55a. This will show in every case the signature or initials of the admitting officer. Upon completion of the case, Ward Officers will see that full and correct notes are made under the heading, "Disposition" and "Final Diagnosis." Duration of leave or furlough should always be stated, including data of departure. When beneficiaries of the Veterans' Administration leave the hospital, this record will show whether patient left "Against Medical Advice," absent with or without leave, by action of a Disciplinary Board, by transfer, for home treatment, or for attainment of maximum hospital improvement. Final diagnosis will be complete in that it shows all of the diagnoses and complications existing on completion of the case. Diagnoses must conform to the nomenclature of diseases as published in AR 40-1035. No entries should be made on Form 55a under "Final Diagnoses" until the completion of the case.
- (2) Forms 55b, c, d, e, and f, will be prepared by the officer who examines the patient and each form will be initialed by him. The initials on Form 55f will be placed above the heading "Diagnosis of Ward Surgeon," leaving this space available for future entry.
- (3) Immediately upon completion of the examination of the patient and the preparation of the above mentioned components of the clinical record, the officer making the examination will enter

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upon a progress sheet, Form 55g, under the heading "Impression" his impression as to the diagnosis of the case based on a study of the medical history and clinical findings, and also a statement as to future studies or laboratory examinations necessary to establish the diagnosis. This progress sheet will be filed immediately after Form 55f. The "impression" constitutes an important part of the clinical record and if made by an assistant ward officer or intern will be carefully scrutinized by the Ward Officer who will discuss it with his assistant, point out to him errors, omissions, etc., and then make a written entry on the same form embodying the corrective action that he has taken.

- (4) In cases of officers, warrant officers, and soldiers admitted with a diagnosis of alcoholism or injury, a definite statement will be made on Form 55e under "Condition on Admission" as to the state or sobriety of the patient at the time of admission to the ward.
- (5) Progress notes, M. D. Form 55g will be made at intervals of at least ten days, or as frequently as may be indicated. A progress note will also be made immediately prior to the disposition of the case; that is, duty, discharge from hospital, leave, and also when consultation or transfer to another ward is requested, etc. All progress notes will be signed or initialed by the officer preparing them. The progress notes at ten day intervals will cover generally the following points: Ward and date, feeling of well being, physical complaint of patient, maximum and minimum temperature, pulse and respiration, complications, intercurrent diseases, and changes in or additional diagnoses, reference to any important laboratory findings, treatment by specialists, or presence or absence of venereal disease as shown by examination accomplished at time entry is made, and any other information that may have bearing on the case.

The following special notations will be made on 55g when applicable:

- (a) In all cases where the line of duty is changed, the date of change and the reasons therefor in full will be specified.
- (b) In all cases of venereal disease in which the line of duty is as "Yes" the reasons therefor will be set forth in detail.
- (c) In other cases, not on their face due to misconduct, in which the line of duty is given as "No", the reasons therefor will be given.
- (d) In all cases in which any operative procedure, dental work, or other special treatment is recommended but not carried out, a notation will be made showing the reason why the treatment was not instituted.

In addition, notation will be made whenever a patient is transferred from one ward to another. The Ward Officer making the transfer will note the ward to which transferred and date and cause therefor. The Ward Officer receiving the patient will note the ward from which received, the date, and

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general condition of patient. The clinical record is to be completed and properly arranged before it leaves the ward.

- (6) Temperature charts, M.D. Form 55h and Treatment Notes, M. D. Form 55j will be dated to show month, day, and year. The year may be indicated at top of chart. If the patient is not present when record is taken the reason will be noted; that is, pass, absent without leave, etc.
- (7) Operation Report, M.D. Form 55k, will bear the signature or initials of the operator or that of the head of the service concerned.

**244. Disposition of Clinical Records on Discharge of Patients From Hospital.**—Clinical records will be forwarded to the Registrar through channels as indicated in Par. 202. The clinical record of any patient who has been absent without authority for twenty-four hours will be closed by the Ward Officer with an appropriate entry under "disposition" including date—and forwarded to the Registrar through the Chief of Service concerned.

**245. Procedure Upon Receipt of Clinical Records by Registrar.**—Upon the receipt of a completed clinical record of a case, the component parts thereof will be examined by the Registrar to see that the are properly prepared, assembled, and fastened together with an Acco fastener, after which comparison will be made with the sick and wounded records of the case and any discrepancy adjusted. The clinical record will then be filed in proper numerical sequence.



## NON-PAY STATUS OF PATIENTS

246. **Method of Determining Non-Pay Status.**—a. Every person in the active military service absent from duty on account of disease—as distinguished from injury—resulting from intemperate use of drugs or alcoholic liquor, or other misconduct, does not receive pay for the period of such absence in excess of twenty-four hours, whether or not the disease was contracted prior to or after the enlistment. Except in cases of venereal disease where symptoms justify absence from duties subsequent to more than one year after the date of the initial symptoms, or primary lesion, such illness frequently is due to other factors than the primary cause or remote sequella of venereal disease and are not regarded as within the purview of AR 35-1440.

b. When a patient is admitted to the hospital for two or more disabilities one of which comes within the purview of A.R. 35-1440, the major disability will determine his pay status. In such cases if the need for hospitalization for the major disability ceases and the patient remains in the hospital for treatment of the lesser condition, the date of the cessation of treatment for the major condition will be date of a change in pay status of the patients, and will be so reported by the Ward Officer. Venereal disease contracted while sick in hospital does not place a patient on a non-pay status until such time as the original cause of his admission to hospital has reached the stage where hospitalization is no longer required for the cause of admission, when the patient goes on a non-pay status for further hospitalization as required for the disease which places him on a non-pay status.

247. **Procedure When a Military Patient Is Placed on a Non-Pay Status.**—When it has been determined that a military patient is suffering from disease resulting from misconduct within the purview of A.R. 35-1440, and in accordance with Paragraph 246 above, the Ward Officer will immediately notify the patient and advise him that he is contemplating placing him on a non-pay status. The patient will be informed that if he objects to such status, he may present his objections, and furnish therewith any evidence or facts which he may desire to have considered. In the event objections are presented, they will be forwarded, together with all medical papers in the case, through the Chief of the Service, and the Commanding Officer Detachment of Patients to the Commanding Officer, for final decision. Should objections be presented and forwarded, as prescribed herein, the patient will, nevertheless be placed on a non-pay status and reported to the Registrar, in the same manner as indicated in Paragraph 248 (a), below, pending final decision in the case. Patients placed on a non-pay status will acknowledge notification of such fact in a signed statement on the Progress Sheet of their clinical record in the following form:

"I have been notified that under the provisions of AR 35-1440,  
I am being placed on a non-pay status.

(Sgd.) John Doe (R-46217),  
Private, Co. "C", 20th Inf."

248. **Reports Rendered in Connection with Non-Pay Status of Military Patients.**—a. By Ward Officers.—When a military patient is placed on a non-pay status, the Ward Officer will immediately furnish the Registrar, on Form 10, L.G.H., a signed report of the diagnosis, a statement that the disease is not in line of duty, AR 35-1440 applies, and the date the stoppage of pay became ef-

## NON-PAY STATUS OF PATIENTS

fective. The Ward Officer will also make immediate report to the Registrar on Form 10, L.G.H., should the non-pay status of a military patient terminate, with the date, and whether or not the patient requires further hospitalization for a condition not involving pay stoppage.

b. **By the Registrar.**—Upon receipt of either of the reports referred to in the preceding sub-paragraph and when the patient is returned to duty, the Registrar will (except when the military records of the patient are on file locally) dispatch formal notification by letter to the patient's proper commanding officer and surgeon, with the request that they acknowledge receipt of such notification by indorsement. In cases where the military records of the patient are on file locally, a signed notification, as indicated above, will be furnished the detachment commander concerned, by the Registrar.

249. **Procedure Upon Disagreement with Findings of Hospital from which Military Patients Transferred.**—Should the Ward Officer have reason to doubt the justice of the findings determined at the post from which a patient is transferred in a case where a patient has been received by formal transfer, he will forward a report of his findings and recommendation to the Commanding Officer, through the Commanding Officer, Detachment of Patients. The Commanding Officer, upon receipt of such communication, will convene a Board of three medical officers, as prescribed in paragraph 3 (b), AR 345-415, to investigate such facts as may be brought to notice. The findings of such Board, after approval by the Commanding Officer, shall be final in the case.

250. **Fraudulent Enlistment.**—Patients which, in the opinion of the Ward Officer, will eventually come under the provisions of Section VI, AR 615-360 (fraudulent enlistment), will be immediately reported to the Commanding Officer, Detachment of Patients, for the purpose of suspending payments and credits until such time as their cases have been definitely determined.

## PATIENTS' DIETS

251. **Classes of Diets.**—The diets at this hospital will be as follows: Regular, Light, Soft Liquid and Special. A daily menu of the first four will be prepared by the Mess Officer, who will send a copy to each ward one day in advance. Special diets constitute such articles as may be ordered by the ward officer. They should be ordered only when regular diets will not meet the particular requirements of a case.

252. **Procedure In Ordering Diets.**—Ward Officers will order on the treatment sheet, under the heading "Remarks", such diets as may be needed as Regular, Light, Soft, Liquid or Special Diets, designating in the latter case, the articles desired. Care will be taken that these adhere in so far as practicable to the Letterman Diet Manual. A Diet Slip, signed by the ward officer, consolidating all diets, will be sent to the Mess Officer before 8:00 AM, daily. In the case of patients on liquid or semi-solid diets, the hour and amount taken will be recorded under the heading "Nourishment."

253. **Supervision of Ward Officers Over Serving of Diets.**—Ward Officers will inspect the food sent from the kitchen to the ward as to its condition, quality, and quantity, and will see that it is properly served. They will take the necessary steps to insure that the food is brought from the kitchen to the wards at the prescribed hours, using the food-carts provided for that purpose, will see that such food is consumed by patients only, and will see that food-cards and containers are properly cleaned before being returned to the mess.

254. **Economy to be Exercised in Ordering Diets.**—To prevent the Hospital Mess from incurring any unnecessary indebtedness, ward officers should regulate and order the diets for their respective wards to the end that the ration allowance prescribed in Army Regulations is not exceeded except when absolutely necessary. In these cases they will confer with the Mess Officer, who will provide the diet required.



## CLOTHING, BAGGAGE AND LAUNDRY OF PATIENTS

**255. Disposition of Patients' Clothing and Effects on Admission.**—When patients are admitted to this hospital all clothing and hand baggage in their possession will be immediately delivered to the proper ward by a responsible attendant from the Receiving and Evacuation Office. All clothing and equipment of patients, including the articles comprising hand baggage, except as provided below, will be inventoried by the head nurse, or ward master (in wards where members of the Army Nurse Corps are not on duty), who will carefully list same in duplicate on the required local form. Specific description will be noted in the cases of unusual items to permit of ready identification in future. If the condition of the patient does not preclude, he will be required to sign both copies of the inventory acknowledging its correctness. If unable to do so, appropriate notation will be made thereon by the person making the inventory. Except in cases of patients admitted to the Isolation Ward, both copies, together with the effects, will be sent immediately to the Patients' Baggage Room unless the admission has occurred during the hours it is closed. In this case the head nurse or ward master will personally lock the effects in the ward storeroom until such time as delivery may be made.

Under no circumstances will clothing or property of patients be kept in the ward linen closets.

The noncommissioned officer in charge of the Patients' Baggage Room will file the original inventory list and stamp receipt on the duplicate which will be returned to the ward, where it will be retained for the patient. The clothing of patients admitted to Isolation Ward, after being inventoried and listed, will be properly disinfected and immediately thereafter sent to the Patients' Baggage Room.

**256. Baggage of Patients Admitted from Trains or Boats.**—Patients admitted from trains or boats will be asked by the admitting officer whether or not they have any baggage other than that which accompanies them at the time of admission. If so, they will be requested to deliver the baggage checks therefor, to the admitting officer after which a record showing the check numbers and full name, rank and organization of patient will be made in a book kept for the purpose. The patient, upon turning over the checks, will be given a receipt therefor. The admitting officer will be held responsible for the prompt delivery of these baggage checks to the noncommissioned officer in charge of the Patients' Baggage Room who will receipt for them in the book mentioned above.

**257. Retention of Clothing and Property by Patients.**—Except as noted hereafter, no articles of personal clothing or property will be retained by patients, other than officers and women, during their stay in hospital. Patients will be required to turn in to the Patients' Baggage Room any such articles found in their possession by any of the personnel on duty in the ward. Patients whose physical and mental condition permits them to leave the Ward may be granted permission by the ward surgeon to retain the following articles:

- 1 pair shoes
- 1 hat or cap
- 2 pairs of socks
- 2 suits of underclothing
- 1 bath robe

## CLOTHING, BAGGAGE AND LAUNDRY OF PATIENTS

Patients will be informed when such permission is granted that these articles are for their personal comfort and they will be responsible for any subsequent loss of same.

**258. Wearing of Hospital Clothing when Present in Hospital.**—Patients other than officers and women will wear hospital clothing issued them on admission. While wearing such clothing they are forbidden to leave the limits of the hospital grounds, and to loiter in the area north or south of the main hospital buildings.

**259. Inspection of Clothing Worn by Patients Departing from Hospital.**—The clothing worn by patients at the time of final departure from hospital and when leaving on furlough will be inspected by the Receiving and Evacuation Officer to insure that none leaves in improper uniform. No patient departing from hospital will be permitted to take with him any hospital clothing or unauthorized property of any nature. Patients going on pass will check in and out of the Patients' Baggage Room and will be inspected by the noncommissioned officer in charge to insure that they are properly clothed.

**260. Withdrawal of Effects from Patients' Baggage Room.**—**a.** Clothing for patients may be withdrawn from the Patients' Baggage Room from 8:00 AM until 4:00 PM. Patients will be permitted to have access to suitcases and other baggage on such days and at such hours as may be specified by the officer in charge of the Patients' Baggage Room.

**b.** Clothing of patients departing on pass or furlough and return therefrom.—The clothing of patients departing on pass or furlough may be withdrawn by the patient on presentation of the approved pass or furlough. Upon the return of patients from such absence, the attendant on duty in the Patients' Baggage Room in the Receiving and Evacuation Office will immediately take charge of the clothing and see that it is deposited in the Patients' Clothing Room.

**c.** Clothing of Patients on discharge from hospital.—The clothing of patients on final discharge from hospital may be withdrawn by the patient on presentation of approved request.

**d.** Clothing and Baggage of deceased patients.—Upon the death of a patient all personal effects of deceased which are in the ward will be listed in duplicate by the Ward Surgeon, or in his absence by the Officer of the Day, and immediately sent to the Commanding Officer, Detachment of Patients, for further disposition. Clothing and baggage of deceased patients will be delivered from the Patients' Baggage Room only on the written order of the Commanding Officer, Detachment of Patients.

**e.** Clothing of patients withdrawn for purposes other than indicated above.—Clothing of patients may be withdrawn for purposes other than indicated above, only on presentation of request approved by the ward officer and Commanding Officer, Detachment of Patients.

**261. Patients' Baggage Room.**—The Patients' Baggage Room functions under the immediate jurisdiction of the Commanding Officer, Detachment of Patients, who is responsible for the safeguarding, proper storage, disposition, and necessary records of all effects which are delivered thereto.

**262. Checking of Baggage Room Records.**—The departure sheet furnished the Patients' Baggage Room will be checked daily by the noncommissioned officer in charge thereof to ascertain if any patient has departed leaving his

## CLOTHING, BAGGAGE AND LAUNDRY OF PATIENTS

baggage behind. When baggage of this nature is found, report will be immediately furnished the Commanding Officer, Detachment of Patients, for his appropriate action.

263. **Care of Government Property by Patients.**—Patients are required to take extreme care in preserving the articles of hospital clothing and other property issued to them. They are forbidden to sell, barter, exchange, pledge, loan, or give away to any person, any article of Government clothing or equipment furnished them.

264. **Laundry of Enlisted Patients.**—Soiled clothing of enlisted patients in this hospital will be laundered gratuitously, as authorized by the Surgeon General on Form 21, Medical Department. Patients will not be permitted to deliver or call for their laundry under any circumstances whatsoever, nor will they be permitted to wash their own clothing.



## PATIENTS—SERIOUSLY ILL

**265. Rendition of Report in a Seriously Ill Case by Ward Officer.**—In every case when recovery from illness or operation is not expected or is considered doubtful, the Ward Officer in charge of the case will enter the patient's name on the list of seriously ill (Form 22, L.G.H.), as prescribed in Paragraph 269 c below, and then prepare and sign a "Report of a Seriously Ill Case" (Form 12, L.G.H.), the data thereon to be complete in every detail, as indicated on the form. Particular attention will be given to that portion of the form which has reference to the name, relationship, and address of the person to be notified in case of emergency. Upon accomplishment of the form, it will be transmitted immediately to the Officer of the Day for the action indicated in Paragraph 266 below. When the person to be notified in case of emergency or nearest relative of a seriously ill patient arrives on the ward, the local address and telephone number will be secured and immediately transmitted to the Officer of the Day with information as to the name of the patient concerned. Upon receipt of this report, the Officer of the Day will enter the information on the list of seriously ill maintained in his office after which he will immediately deliver it to the Registrar. As soon as possible after a patient's name is placed on the seriously ill list, the Ward Officer will make an attempt to induce him to turn over his money and valuables for safekeeping to his relatives, if they be present, or to the Registrar. Tact will be used in handling this matter so as not to unduly alarm the patient. In the event that the patient declines to turn over his money and valuables to relatives or to the Registrar, the Ward Officer will make it clear to him and to his relatives that the hospital will not assume responsibility for any loss sustained. If the patient be semi-comatose or unconscious, the Ward Officer will collect money and valuables in possession of the patient and turn them in to the Registrar for safekeeping. In the absence of the Ward Officer the above procedure will be carried out by the Officer of the Day or any other medical officer who may be called in attendance.

**266. Action by Officer of the Day Upon Receipt of a Report of a Seriously Ill Case.**—Upon receipt of a report of a seriously ill case, the Officer of the Day will enter the patient's name on the list of seriously ill maintained in his office, after which he will immediately deliver it to the Registrar for the action indicated below. He will then advise the nearest available Chaplain of the patient's condition. In the event the Officer of the Day receives the report of a seriously ill case at a time other than the regular office hours of the hospital, he will take such steps towards notifying the relatives or friends and placing the patient's name on the seriously ill list in the Information Office as are prescribed for the Registrar below.

**267. Action by Registrar Upon Receipt of Report of a Seriously Ill Case.**—Upon receipt of a report of a seriously ill case, the Registrar will immediately place the patient's name on the list of seriously ill cases maintained in his office, notify the Information Office and see that the patient's name is placed on the list of seriously ill maintained in that office. He will then take such action toward notify the relatives or friends as may be indicated, after which the form, accompanied by a copy of the telegram or letter of notification, will be retained in a live file until final disposition of the case has been made. In the event of a patient's death, the form will be appended to the death records of the case.

## PATIENTS—SERIOUSLY ILL

**268. Procedure When Seriously Ill Condition of Patient Ceases.**—When a patient who has been reported seriously ill is considered out of danger, the Ward Officer in charge of the case will remove his name from the list of seriously ill maintained in the ward office and will then prepare and sign a "Report of Removal from Seriously Ill List" (Form 118, L.G.H.) and forward the report to the Officer of the Day. Upon receipt of this report the Officer of the Day will immediately remove the name of the patient from the list of seriously ill maintained in his office and forward the report to the Registrar. Upon receipt of the form, the Registrar will immediately remove the name of the patient from the seriously ill list maintained in his office, take the necessary steps to see that the name is removed from the list maintained in the Information Office, and take such action towards notifying the relatives or friends of the patient as may be indicated.

**269. Lists of Seriously Ill; Where Maintained.**—a. A list of seriously ill will be maintained in the following offices:

Office of the Officer of the Day  
Registrar's Office  
Information Office  
Each Ward Office

b. The lists maintained in the office of the Officer of the Day, Registrar's Office, and Information Office will carry the name of all patients who have been reported seriously ill until such time as "Report of Removal from Seriously Ill List" is received.

c. Ward Officers will keep a list of all patients in their wards who have been reported seriously ill in conformity with Paragraph 265, above. The list will be prepared on Form 22, L.G.H., and will be conspicuously displayed at all times on the nurse's desk and checked daily by the Ward Officer to see that it is kept up to date and that the names of those patients who are no longer seriously ill have been removed from the list and that they have been reported as prescribed in Paragraph 268, above.

**270. Procedure When a Seriously Ill Patient Is Transferred to Another Ward.**—When a patient carried on the seriously ill list is transferred to another ward, the transferring officer will remove his name from the list maintained in his ward and make the following notation in a conspicuous place on the face of the Ward Transfer Card, Form 20, L.G.H., which accompanies the patient: "Patient on seriously ill list." The Ward Officer of the ward to which the patient is transferred will place the patient's name on the seriously ill list of that ward as soon as possible after the transfer is completed.

## VISITORS AND VISITING HOURS

271. **Visiting Hours, General.**—Visiting hours in this hospital will be from 2:00 PM to 4 PM and from 6:30 PM to 8:00 PM daily except as noted below:

272. **Visiting Hours, Emergency.**—Visitors may be permitted to see patients at this hospital other than during the hours indicated above when it seems inadvisable to postpone the visit until the next general visiting hours; for example, to see seriously ill patients, or when visitors from distant places come to see patients, or for any other good reason. In such cases, permission will first be obtained from the Adjutant or, in his absence, the Officer of the Day. Passes of this nature will state clearly the name of the visitor, and if the visitor is accompanied by other persons, number of other persons in the group will be stated also.

273. **Visiting Hours, Officers', Women's, and Obstetrical Wards.**—Visiting in the Officers' Ward, the Women's Ward, and the Obstetrical Ward will ordinarily be limited to the regular hospital visiting hours. Except in cases of serious illness or under other circumstances of a very exceptional nature, no visiting will be permitted on these wards before 10:00 AM or after 8:00 PM. Visitors will not be permitted to enter these wards at other than regular visiting hours without a pass signed by the Ward Officer, the Adjutant, or the Officer of the Day. The ward officer of these wards is authorized to issue passes to members of the patient's immediate family for periods not to exceed ten days at any one time. Except in cases of serious illness or under exceptional circumstances, children under 15 years of age will not be permitted to visit any patient in the obstetrical ward.

274. **Visitors to Venereal Wards.**—Patients in the venereal wards will not be permitted to receive visitors in the wards.

275. **Visitors to Closed Mental Wards (Ward S-1).**—Visitors will be permitted to see patients in the closed mental wards of this hospital if permission is granted by the chief of the Neuropsychiatric Section or the Ward Officer. In the absence of the above officers, this permission may be granted by the Officer of the Day after the latter has ascertained that the condition of the patient is such as to permit visitors. Ordinarily only relatives or close friends will be permitted to visit patients in closed mental wards and only in exceptional cases will visitors be permitted to see mental patients except during regular visiting hours.

276. **Visitors to Prison Wards.**—Passes to visit patients in the Prison Ward will be limited to near relatives and persons having necessary business with patients therein. Such passes will be obtained from the Adjutant or, in his absence, the Officer of the Day, who will first assure himself of the relationship or business necessity for such visit. Visitors unable to furnish the required proof of their identity will be denied passes. During the stay of visitors in the Prison Ward, an attendant will be present constantly and will notify visitors that the time limit for visits is fifteen minutes. He will prevent the passage of any package or bundle between patient and visitor and, if necessary, will confiscate such package and turn it over to the Ward Officer.

277. **Visitors to Isolation Wards.**—Ward Officers of Isolation Wards will require to be kept on the nurse's desk a list showing the names of those patients who may have visitors and, in each instance, the length of the visit which will be permitted. No visitors will be admitted to these wards without a written pass



## VISITORS AND VISITING HOURS

signed by the Adjutant or the Officer of the Day specifying the date and hour and designating the visitor by name. No such passes will be issued unless the patient's name appears on the list referred to above except upon specific authority of the Ward Officer or Chief of Service. Except under exceptional circumstances passes to Isolation Wards will be limited to near relatives or persons with urgent business who may be permitted to see such patients as are considered by the Ward Officer to be physically able to have visitors and when the character of the disease is such that quarantine of the visitor will not be required. This does not include children who under no circumstances will be permitted to visit patients. Visitors to these wards will be required to conform to such precautionary measures as may be required of them by the Ward Officer.

278. **Disposition of Special Visitors' Passes.**—The nurse in charge of each ward will collect special visitors' passes from all visitors upon their entering the ward, at which time she will assure herself that they have been issued by the proper authority. These passes will be destroyed immediately upon the departure of the visitor.

279. **Excluded Persons.**—Solicitors, peddlers, or persons suspected of carrying liquor or narcotics to patients or personnel on duty in this hospital will be denied admission. Nurses, wardmasters and attendants on duty in wards are enjoined to be constantly on the alert to prevent the admission of such persons. Should such persons be noticed or should a visitor's conduct in any way be open to question, it will be reported immediately to either the Ward Officer, his assistant, or the Officer of the Day.

280. **Miscellaneous.**—Nurses, wardmasters and attendants on duty in wards are charged with notifying visitors in their wards when visiting hours are terminated for the day. They will courteously request them to leave, explaining the necessity for such departure if necessary. The Officer of the Day will cause the hospital, porches, and grounds to be vacated by visitors at the close of regular visiting hours daily and will see that all visitors, other than those having special authority to remain, have left the wards and all other parts of the hospital at that hour.

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## TRANSFER OF PATIENTS WITHIN THE HOSPITAL

**281. Ward Transfer Slip; When Instituted; by Whom.**—Should a Ward Officer deem advisable the transfer of a patient from his ward to some other ward, he will cause a Ward Transfer Slip (Form 20, L.G.H.) to be prepared in his ward and forwarded to the Chief of Service for approval. The name of the patient will be printed or typed on all Ward Transfer Slips.

**282. Procedure on Transfer Within Service.**—If no inter-service transfer is involved, the approval of the Chief of Service to whom the Transfer Slip is submitted will be sufficient authority for the change.

**283. Procedure on Inter-Service Transfer.**—If a change of Service is involved when a patient is transferred, the Transfer Slip will be forwarded, after approval of the Chief of Service under whose jurisdiction the patient is being treated, to the Chief of the new Service for approval. After approval by the latter, the slip will be returned to the Ward Officer, and the transfer accomplished.

**284. Procedure on Transfer to and from Detention Ward.**—Should a transfer to the detention ward be deemed advisable or necessary for the restraint of a patient, the above procedure will be discharged and the Ward Officer, or other officers having knowledge of the circumstances, will report the facts to the Officer of the Day. If in his opinion it be necessary, the latter will direct the transfer and note his action on the Officer of the Day's Report. In emergency any officer may direct the transfer of a patient to the detention ward, reporting his action to the Officer of the Day upon its accomplishment. Transfers or releases from the detention ward will be accomplished only upon receipt of written instructions, signed by the Adjutant.

**285. Disposition of Transfer Slip After Approval of Chief of Service.**—After approval of the Chief of Service the transfer slip and the complete clinical record of the case will be sent, in charge of an enlisted attendant, with the patient to the new ward and delivered to the nurse, or, in her absence, the attendant on duty. The nurse or attendant on duty in the ward to which the patient is being transferred will note on the transfer slip the hour and date the patient was received and then return the slip to the attendant who brought the patient. This attendant will deliver the transfer slip immediately to the office of the Receiving and Evacuation Officer for the action indicated below.

**286. Disposition of Transfer Slip by Receiving and Evacuation Officer.**—Upon receipt of a Ward Transfer Slip, the Receiving and Evacuation Officer will note the transfer in the "Daily Report of Ward Transfers, etc.", for that day and return the Ward Transfer Slip to the new ward for file with the patient's clinical record.

**287. Transfer Between Wards Where a Change of Diagnosis is Involved.**—If, upon cure of one condition, a patient is transferred to another ward for treatment for an additional ailment, the Ward Officer of the ward from which the patient is transferred will render a report of cure of the original condition, with the date, to the Registrar. The Ward Officer of the ward to which the patient is transferred will submit a report to the Registrar of subsequent diagnosis.

## TRANSFER OF PATIENTS WITHIN THE HOSPITAL

**288. Records to Be Completed Before Transfer; Procedure in Doubtful Cases.**—Transfer between wards will not be made until the clinical history has been brought up to date and all laboratory reports associated with the diagnosis have been attached, unless the transfer is being made to correct an obvious error by the Receiving and Evacuation Office in the patient's ward assignment and then only upon the approval of the Chiefs of Service concerned. In doubtful cases, transfer will not be made until after consultation.



## CONDUCT OF PATIENTS

289. **Policy Governing Conduct.**—Upon admission to this hospital, patients are under the complete jurisdiction of the hospital for administrative and disciplinary purposes. In all matters effecting duty, pay, clothing, passes or furloughs, or disciplinary action, they are under the control of the Commanding Officer, Detachment of Patients. In all matters affecting treatment, they are under the control of the ward officer and the Chief of Service.

290. **Compliance with Orders from Proper Authorities Required.**—Strict compliance with all orders from ward officers, members of the Army Nurse Corps, wardmasters and all other persons to whom proper authority has been delegated is required.

291. **Absence from Wards and Hospital.**—a. All patients will be present for morning rounds of the ward officer and at such other times as may be required, unless excused. Patients will not leave the main hospital pavilion without permission of the ward officer or the nurse in charge of the ward, and will not leave the hospital reservation without a pass.

b. Patients garbed in robes or convalescent suits are forbidden to leave the limits of the hospital grounds or to loiter in the following areas:

- To remain on Wards during AM. & apt to attend clinic mess & church*
1. In front of the hospital. *Memo #1 3-26-40*
  2. The grounds in the vicinity of the Detachment Barracks.
  3. Back of the road extending from the Garage to the Marina Gate.
  4. The grounds in the vicinity of the Officers', Nurses', and Non-commissioned Officers' Quarters.
  5. On the rear porches of wards.

c. Patients will not visit the barracks of any of the Detachments on duty at this hospital.

292. **Quietness in Wards to Be Maintained.**—Patients will at all times maintain quietness in wards. Boisterous, loud or obscene talking is forbidden.

293. **Lights Out in Wards.**—Lights in wards will be extinguished promptly at 9:00 PM and in ward recreation rooms at 10:00 PM. When ward lights are extinguished, absolute quietness is required. Patients returning from post entertainments or from pass will be quiet in entering the ward.

294. **Smoking in Wards.**—Smoking in wards is prohibited except when especially authorized by the ward officer. This will apply equally to lavatories, diet kitchens or linen rooms but smoking will be permitted in recreation rooms.

295. **Gambling.**—Patients are prohibited from gambling with each other or with hospital personnel in wards or any other part of the hospital.

296. **Use and Introduction of Liquors or Habit-Forming Drugs.**—The use or introduction, or possession of beer, wine, or alcoholic liquors, or habit-forming drugs without proper specific authority is prohibited.

297. **Financial Dealings with Hospital Personnel.**—Patients will not have financial dealings with nurses, enlisted men or civilian employees on duty at this hospital.

298. **Conduct at Meals.**—Patients authorized to eat in the General Mess will not congregate about the doors of the Mess Hall earlier than five minutes before the specified meal hours. They will be quiet and orderly at all times during the serving of meals, and upon finishing will leave the Mess Hall and vicinity immediately. Meal hours for patients subsisted from the hospital Mess will be as prescribed from time to time.

## CONDUCT OF PATIENTS

299. **Wearing of Hospital Clothing.—a.** Patients other than officers and women will wear hospital clothing while in hospital except that convalescents may wear such underwear, shoes, and socks as they were permitted to retain upon their admission.

b. Patients are forbidden to wear any article of hospital clothing, such as pajamas, convalescent suits, etc., in place of underwear or otherwise, while on pass.

c. With the exception of the articles listed in Par. 257, patients other than officers and women are forbidden to retain any articles of personal clothing during their stay in hospital. Clothing to be worn on pass will be obtained from Baggage Room, and upon return from pass will be returned immediately to the Baggage Room, except that patients returning from pass during hours when the Baggage Room is closed will have their clothing locked in the ward store-room by the nurse in charge or wardmaster for delivery to the Baggage Room the next morning.

300. **Throwing of Trash on Walks or Porches, Etc., Prohibited.—**Cigarette butts, burnt matches, old paper and other trash will not be thrown on porches, walks or other parts of the hospital. Trash containers have been provided in all parts of the hospital and will be used for their intended purpose at all times.

301. **Convalescent Patients Available for Light Duty at All Times.—**Convalescent patients, except those admitted via the United States Veterans' Administration, may be employed for light police duty in and about the hospital when such duty will prove of therapeutic value and they may be assigned to such by ward officers or other competent authority. *Memo 5-3-52-3-40*

302. **Conduct of Patients in Isolation Wards.—**Upon admission to isolation wards of this hospital, patients will be assigned to the proper room by the ward officer and thereafter will remain in the room or, when permitted, on the porch immediately in front of it. Ward officers in charge of isolation wards will personally instruct each patient, on admission, to this effect. *use para. #31 XGH*

303. **Complaints.—**Patients having complaints will be granted a hearing by the ward officer, who will institute such action as he may consider appropriate or refer the matter to the appropriate authority.

304. **Enforcement of These Regulations.—**All officers, nurses, noncommissioned officers, wardmasters and other personnel having jurisdiction over patients in hospital will be held strictly accountable for the enforcement of these regulations.

305. **Regulations to Be Made Known to Patients.—**A copy of these regulations will be placed on all ward bulletin boards or other conspicuous place in each ward and all patients upon admission to a ward will be instructed to read them so that they may be fully informed in regard to their provision.

## DISABILITY DISCHARGES

**306. Supervision Over Clerical Work in Connection With Disability Discharges.**—The Registrar will be charged with the preparation of all papers in connection with disability discharges and will be responsible that the facts recorded therein are correct.

**307. Data to Be Obtained in Connection with Disability Cases.**—In cases where it is probable that the disability existed prior to enlistment and where additional information is requisite for proper action of a disability board, the ward surgeon will advise the Registrar by informal memorandum. The latter, upon receipt of such memorandum, will prepare a letter to the War Department, stating the disability and requesting that any pertinent data noted on the record of physical examination at enlistment be furnished for use by the board. Where it appears probable that the disability is incident to a wound or injury incurred subsequent to entry into the service, the Registrar will take the necessary steps to obtain evidence of the circumstances attending the incurrence of the wound or injury. Upon receipt of such evidence, it will be filed with the medical records of the case for the consideration of the disability board.

**308. Procedure to Present Case of Disability Board.**—When a ward surgeon desires to present a case to the disability board for consideration, he will submit the clinical record and local disability form, properly accomplished, to the Chief of his Service, for approval. The latter, in the event of his approval. The latter, in the event of his approval, will forward them to the Registrar not less than twenty-four hours previous to the date on which the disability board meets. In addition, ward surgeons will secure from the clinical filing office, all previous clinical records pertaining to the case. These will be appended to the current record for the information of the disability board.

**309. Action by Registrar Upon Receipt of Papers in a Contemplated Disability Case.**—Upon receipt of the clinical records referred to in the preceding paragraph, the Registrar will notify the head nurses of the wards in which such patients are located and issue instructions as to the time and place where such patients will report to the board. After action by the disability board, the Registrar will return to the proper wards, all current and previous clinical records of cases acted upon by the board.

**310. Contemplated Disability Cases Occuring Among Enlisted Members of the Permanent Command.**—When the discharge of an enlisted member of the permanent command on Certificate of Disability is contemplated, his Detachment Commander will indorse the soldier's service record, as prescribed in existing regulations, to the Commanding Officer, Detachment of Patients, and will at the same time send all personal effects which have been in storage under his custody to the Patients' Baggage Room. The Commanding Officer, Detachment of Patients will dispose of the case and prepare all required papers relative to such disposition in the same manner as though the patient had been transferred to this hospital from another station.

**311. Action to Be Expedited.**—Prompt action is directed on the part of all concerned in the disposal of disability cases.

**312. Record Office of Veterans Administration Patients.**—The Record Office of Veterans Administration patients will be under the immediate supervision of the Registrar.



## VETERANS ADMINISTRATION PATIENTS

a. He will be responsible for the preparation of all reports, forms, communications, and other papers relating to beneficiaries of the Veterans Administration in this hospital.

b. He will have charge of all matters relative to Veterans Administration patients and the United States Veterans Administration.

c. He will maintain a complete file of regulations pertaining to the Veterans Administration and will familiarize himself therewith.

d. He will be a member of all boards convening at this hospital concerning United States Veterans Administration patients.

313. **Admission to Hospital.**—a. Beneficiaries of the Veterans Administration will be admitted to this hospital upon presentation of Veterans Administration admission card (Form No. 2557, U.S.V.A.), properly accomplished. In an emergency they may be admitted on telephonic or oral request of the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California, pending receipt of the admission card.

b. Immediately on admission of a Veterans Administration patient the Receiving and Evacuation Office will prepare three (3) copies of U.S.V.A. In-Patient Card (Form No. 2593, U.S.V.A.), showing the case as "remaining in hospital." These copies will be transmitted to the Registrar who will sign and forward the original (white) to the Director, U. S. Veterans Administration, Washington, D.C. The first carbon copy (pink) to the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California, and the second carbon copy (green) will be retained at this hospital for file.

c. The Receiving and Evacuation Office will transmit to the Registrar, with a copy of "admission sheet" for the previous day, U.S.V.A. admission card (Form No. 2557, U.S.V.A.), for each Veterans Administration patient shown on the "admission sheet." The admitting diagnosis shown on Form No. 2557, U.S.V.A., will be copied on the reverse side of Form 55-A, M.D., for the information of the Ward Surgeon. If a patient has been admitted in an emergency and U.S.V.A. card (Form No. 2557 U.S.V.A.) has not been received, notation to that effect will be entered on "admission sheet" and the Registrar will take the necessary steps to obtain it from the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California.

314. **Records.**—a. A daily typed list of admissions and discharges will be transmitted to the U. S. Veterans Administration, Ft. Miley, San Francisco, California, in addition to the hospital In-Patient Card (Form No. 2593, U.S.V.A.), that is forwarded in each case.

b. Form No. 2601, U.S.V.A., will be completed by the Registrar prior to the fifth of each month, in triplicate. The original report will be forwarded to the Budget Officer and Chief of Statistics, U. S. Veterans Administration, Washington, D.C., by air mail. The duplicate will be forwarded to the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California. The third copy will be retained at this hospital.

c. Report of physical examination (Form No. 2545, U.S.V.A.), will be made out by the Registrar on each patient immediately upon completion of each case from the data in the clinical record. The original will be forwarded to the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California. The duplicate will be retained at this hospital.

## VETERANS ADMINISTRATION PATIENTS

d. Final report will be made of each patient on Form No. 2593, U.S.V.A., when he leaves hospital showing the case as having been completed. The Registrar will prepare and sign this form in triplicate. The original (white) will be sent to the Director, U. S. Veterans Administration, Washington, D.C. The second copy (pink) will be sent to the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California. The third copy (green) will be retained.

315. **Diagnoses.**—Ward officers will determine the cause for admission of U. S. Veterans Administration patients. Entries on clinical record should concur with admission diagnosis or show plainly that condition for which patient is hospitalized is of a definite nature or not found. The clinical record must clearly support the diagnosis made by the ward officer. When maximum hospital improvement has been attained for cause of admission and it becomes necessary to further hospitalize patient under a new diagnosis, the new diagnosis will be transmitted to the Registrar. The latter will, upon receipt of a new diagnosis, obtain from the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California, authorization for continued hospitalization under new diagnosis.

316. **Absences Without Leave.**— a. Should a Veterans Administration patient absent himself from the hospital without authority for more than twenty-four (24) hours, he will be discharged as absent without leave and his name will be dropped from the hospital rolls.

317. **Dental Work.**—The only dental work that is authorized by the U. S. Veterans Administration is that of an emergency nature such as extracting abscessed teeth or symptomatic treatment of aching teeth. No permanent fillings or replacements can be authorized.

318. **Seriously Ill Patients.**—When a Veterans Administration patient becomes seriously ill a telegram worded as follows will be sent to the nearest relative: "Regret to inform you that (relative, name), is seriously ill Letterman General Hospital with (general diagnosis)."

319. **Deaths.**—a. In addition to reports required upon death of other patients, in the event of a Veterans Administration patient dying reports called for upon discharge will be submitted in accordance with paragraphs 314 c and d above.

b. Should an autopsy be desired on a deceased Veterans Administration patient the ward officer will so inform the Registrar who will take the necessary steps to obtain permission from the patient's relatives. No autopsy will be performed on this class of patients without permission having been obtained in writing.

c. The Registrar, in the event of death of a Veterans Administration patient, will immediately notify the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California, and then proceed as directed in Hospital Regulations governing other classes of patients in so far as they may be applicable.

d. The local Veterans Administration Facility has a contract with two local funeral directors for the burial of Veterans. This contract applies to Veterans who die in this hospital when hospitalization has been authorized through the U. S. Veterans Administration, Ft. Miley, San Francisco, California.

## VETERANS ADMINISTRATION PATIENTS

e. At the time of death a telegram worded as follows is sent to the nearest relative of individual named by the deceased on admission to hospital: "Deeply regret to inform you that (relative, name of deceased) died (date and hour). Local burial National Cemetery, Presidio of San Francisco, California, available without expense to you. For benefit of medical science request your permission for scientific examination of the body without disfigurement. Wire reply collect."

f. Effects of deceased veterans will be listed and sent to the Registrar who will in turn send them to the U. S. Veterans Administration Facility, Ft. Miley, San Francisco, California.

320. **Transportation.**—In order to secure the necessary transportation for veterans being discharged from the hospital the Registrar's office should be notified at least four days in advance of the estimated date for discharge. If no transportation is required advance notification of discharge is not necessary.



## POST OFFICE

321. **Status.**—The Post Office at this hospital is classed as a Contract Office. It will be conducted in accordance with rules and regulations prescribed by the Post Office Department.

322. **Postmaster.**—A competent noncommissioned officer of the Medical Department will be detailed as Postmaster. Before entering upon his duties he will report to the Postmaster, Main Post Office, San Francisco, California, for examination as to his qualifications and ability. If accepted for the position, he will be sworn and required to furnish bond for the proper conduct of his office. The Postmaster will be in direct charge of the Post Office and will be responsible for its conduct, funds, records, and mail matter pertaining thereto. Such assistants as may be necessary will be furnished by the Commanding Officer, Detachment Medical Department. Before entering upon their duties, the assistants will be sworn and required to furnish bond.

323. **Hours.**—The Post Office will be open for the transaction of all postal business during the following hours:

Daily, except Saturdays, Sundays, and holidays:

9:00 AM to 4:30 PM

Saturdays: 9:30 AM to 12:30 PM

Sundays and holidays: Closed.

324. **Receipt and Dispatch of Mail.**—The Postmaster will keep conspicuously posted at the Post Office and other points where mail may be deposited for collection the time of arrival and departure of the mail.

325. **Delivery of Mail.**—a. Official mail, except registered, insured, special delivery, and C.O.D.:

- (1) A mail orderly will be designated by the Commanding Officer to receive from the Postmaster at his office all mail addressed to the Commanding Officer and for the departments of the hospital not specifically mentioned below. The Postmaster will be notified of the name of the person so authorized.
- (2) A mail orderly will be designated by the Quartermaster, the Medical Supply Officer, and Chief of Laboratory Service, to receive from the Postmaster at his office mail addressed to their respective departments. The Chief Nurse will designate a responsible person to receive from the Postmaster at his office mail addressed to her department. The Postmaster will be notified of the names of the persons so designated.
- (3) Post Office boxes will be provided for the Post Exchange, Disinfecting and Sterilizing Plant, and Recreation Officer, and all mail addressed to those departments will be placed therein. Keys for the same will be turned over to the respective officers in charge of those departments, who will be responsible for the custody of these keys and may designate a responsible person to receive the mail for their departments.

b. Personal mail, except registered, insured, special delivery and C.O.D.; Officers, nurses, and civilian employees of this command are privileged to call for their mail in person at the Post Office, and those who desire will notify the Postmaster to that effect. In the absence of instructions, the Postmaster will dispose of mail addressed to the personnel of this command as follows:

## POST OFFICE

- (1) For officers of this command and civilian employees not mentioned below:

To be delivered at the Post Office to the mail orderly designated to receive mail addressed to the Commanding Officer.

- (2) For families of officers living on the post:

To be delivered at their quarters by the Postmaster or his assistant.

- (3) For nurses and civilians living in nurses' quarters and civilian employees assigned to duty in nurses' quarters and wards:

To be delivered at the Post Office to the person designated by the Chief Nurse.

- (4) For civilian employees of the Quartermaster Corps, Post Exchange, and Disinfecting and Sterilizing Plant:

To be delivered at the Post Office to the persons designated by the officers in charge of the respective departments to receive official mail.

- (5) For enlisted men on duty at this hospital:

To be delivered in person at the Post Office to the addressee.

- (6) For patients:

To be delivered by the Postmaster or his assistant at the ward to the nurse or person in charge of the ward to which patient is assigned.

**c. Registered, insured, special delivery, and C.O.D. mail:**

- (1) Official mail addressed to the Commanding Officer will be delivered by the Postmaster to the Adjutant or the Assistant Adjutant, who will receipt for same.

- (2) Official mail addressed to a department or member of this command will be delivered by the Postmaster or his assistant to the officer in charge of the department or to the addressee.

- (3) Personal mail will be delivered by the Postmaster or his assistant to the addressee, ordinarily at the Post Office, except that mail for bed patients will be delivered to them at their bedsides.

**326. Register of Packages.**—The Postmaster will keep a record of all incoming packages in an appropriate book. Upon delivery by the Postmaster, the person receiving the package will receipt therefor in this book.

**327. Time of Delivery of Mail.**—All classes of mail will be delivered as soon as possible after receipt by the Postmaster. Official mail will be given precedence over personal mail. Mail for patients will be delivered to the wards at 9:00 AM and 2:00 PM daily, except Saturdays, Sundays, and holidays. On Saturdays there will be only one delivery of mail which will be at 10:00 AM. No delivery will be made on Sundays and holidays.

**328. Mail for Prisoners and Insane Patients.**—Before delivery of any mail to prisoners, insane patients, and suspected drug addicts, the Ward Officer will be consulted and if he deems necessary, such mail will be opened in his presence by the addressee. This precaution should be especially exercised in the case of packages. If the addressee objects to this procedure, the mail will be turned over the Custodian of Patients' Funds and Valuables for safekeeping until the addressee is released, or other disposition is made.

## POST OFFICE

329. **Roster of Personnel.**—The Postmaster will maintain a roster of all persons, including officers, nurses, enlisted men, civilian employees, patients, and families of officers and enlisted men residing on the post. To this end, heads of departments will furnish to the Postmaster the names of all personnel under their jurisdiction and will notify him whenever a change occurs. The Postmaster will be given a copy of the admission, departure, and ward transfer sheets daily. He will check his roster monthly with the personnel records of the various departments in order that the roster may be complete and accurate.

330. **Care in Handling of Mail.**—All persons charged with the delivery of mail are cautioned against tardiness, carelessness, and neglect in handling of mail. Care will be taken that all mail is promptly delivered to the proper person or forwarded to his new address. Theft or tampering with registered, C.O.D., parcel post, or other mail is a serious offense, punishable under the Federal Postal Laws and the Articles of War. While the Postmaster is primarily responsible for the safe delivery of all mail matter, those persons designated in these regulations to receive mail for others are warned that they will be held liable for any loss of mail after it has been delivered into their custody. After mail has been received in a ward, the charge nurse or wardmaster will see that it is immediately delivered to the addressee. If the patient to whom mail is addressed has been transferred from the ward or otherwise disposed of, the mail will be returned immediately to the Post Office with proper notation.



## FIRE REGULATIONS

331. **General Provisions.**—Fire protection for the hospital area is dependent upon the services of the Presidio Fire Department and, when necessary, the Fire Department from the City of San Francisco. However, it is the duty of all personnel to utilize local means as prescribed below for extinguishing fire and continue such means, under the supervision of the Fire Marshal, until the arrival of the Presidio Fire Department, when the work will be taken over by the Chief of that Department. When this occurs the Hospital Fire Marshal will devote his energies in complying with any requests for assistance from the Presidio Fire Chief, the evacuation of sick, and the salvaging of property.

332. **Fire Marshal.**—a. The Fire Marshal will be designated in orders. The Officer of the Day is designated as Assistant Fire Marshal. During the absence of the Fire Marshal, the Officer of the Day will act as Fire Marshal.

b. The Fire Marshal shall have charge of all personnel and equipment used in fire prevention work and his orders during fires and fire drill shall be respected by all classes. He shall make periodic inspections of all fire fighting equipment and shall be responsible for its readiness for use at all times. He shall inspect each building from time to time and make such recommendations to the Commanding Officer as are necessary, looking to the elimination of fire hazards. He shall, from time to time, give instructions to the personnel of this station in the means of fire prevention and conduct the fire drills prescribed in Paragraph 337.

333. **Organization.**—a. For the purpose of fire fighting and control there will be organized from among the enlisted personnel of the Detachment Medical Department the following sections, each in charge of a noncommissioned officer with one or more noncommissioned officer alternates or assistants, and to consist of the number of men indicated:

- (1) Fire Fighting Section.....10 men
- (2) Police Section .....10 men
- (3) Evacuation and Salvage Section.....20 men

b. The assignment of personnel to these sections will be made by the Commanding Officer of the Detachment Medical Department, who will cause a Detachment Order covering the assignments to be posted and kept up to date at all times. A copy of this order and all subsequent changes therein will be furnished the Fire Marshal in order that he may be fully informed at all times as to the status of these assignments.

c. **Duties of Chiefs of Sections.**—Each Chief of Section is responsible that all men are thoroughly instructed and are familiar with the duties of their respective sections. He will inspect at frequent intervals the equipment pertaining to his section and will be responsible that it is properly policed and in good condition at all times, that hose is drained and allowed to dry before reassembling and that any defect found is reported to the Fire Marshal.

334. **Location of Local Fire Fighting Apparatus.**—a. Stationary hose located as follows:

- (1) In quadrangle west of Operating Pavilion.
- (2) In quadrangle east of Patients' Mess Hall.
- (3) At the north-west corner of Laundry.

## FIRE REGULATIONS

- b. (1) Fire extinguishers, ladders, stand pipes (equipped with 50 feet lengths of hose and nozzle), and fire axes are distributed throughout the hospital. Attention is particularly called to the fact that a standpipe equipped with hose and nozzle is located **inside of every ward.**
- (2) A rack containing twelve (12) litters is located in the corridor near the Operating Pavilion.
- (3) A wheeled litter is located in each ward containing bed patients with exception of Wards S-1 and S-2 where folding litters are available in the following quantities: Ward S-1—6 litters; Ward S-2—6 litters.
- (4) Fire alarm boxes are located as follows:
  - One on Lincoln Blvd., at the corner of Nurses' Recreation House, No. 212.
  - One on Edie Road at southeast corner of Power Plant, No. 213.
  - One on veranda at the main entrance to the rear of the Administration Building, No. 214.
  - One at the intersection of Torney Ave. and O'Reilly Ave. in front of the Commanding Officer's quarters, No. 215.
  - One at the front of the Detachment Medical Department Supply Room in the Field Area, No. 216.The location of these boxes is indicated at night by a red light.
- (5) Fire plugs are located at various positions in the hospital grounds as shown on map posted in the Fire Marshal's Office.

335. **Procedure When Fire is Discovered.**—a. When a fire is discovered in the hospital area, three things should be done immediately:

- (1) Shout fire and give location.
- (2) Go to the nearest alarm box other than the one across the street from Post Exchange, break glass, open door and then release the handle inside. This gives the alarm to the hospital Power House and the Presidio Fire Department. (The box across the street from Post Exchange calls the City Fire Department and in no case will be pulled except by authority of the Commanding Officer or Fire Marshal).
- (3) Call up the Officer of the Day's office and notify the noncommissioned officer on duty of the fire and its location.

b. The noncommissioned officer on duty in the Officer of the Day's Office, upon receipt of the notice mentioned above, will immediately send a man to stand by the box across the street from the Post Exchange and prevent any alarm being turned in to the City Fire Department except by authority of the Commanding Officer or the Fire Marshal. He will then notify by telephone the Officer of the Day's Office, the Commanding Officer, the Fire Marshal and the Adjutant in turn.

336. **Fire Alarms.**—a. Upon receipt of an alarm of fire, the engineer on duty in the Power Plant will give the alarm by sounding one long blast on the siren. The exact location of the fire will then be indicated by sounding the number of short blasts indicated below:

## FIRE REGULATIONS

- 1 short—Surgical Side, along Girard Road, from Ward A-1 to Commissary (Box 212).
- 2 short—Rear of Hospital, along Edie Road, from Commissary to Laboratory (Box 213).
- 3 short—Front of Hospital along Torney Ave., from Kennedy Ave., to Girard Road (Box 214).
- 4 short—Medical Side, along Kennedy Ave., from "K" Wards to Laboratory.
- 5 short—Officers' Quarters, along O'Reilly Ave., from Commanding Officer's Qtrs. to Edie Road (Box 215).
- 6 short—Field Buildings (Box 216), assembling at Det. Med. Dept. Supply Room.

b. Should the Fire Marshal determine that additional personnel is required for the purpose of fighting the fire he will cause the original fire alarm to be repeated. In the event of a repeated alarm, all enlisted personnel of the command, other than those specifically excepted below, will immediately proceed to the scene of fire and report to the senior noncommissioned officer present, who, under orders of the Officer of the Day, will hold them in groups and make such assignments to the various sections as directed by the Fire Marshal.

337. **Duties of Personnel When Fire Alarm is Sounded.**—a. When a fire alarm is sounded those enlisted men of the command assigned to the fire sections provided for in paragraph 333 a, above will immediately repair to the location of the fire and will there be assembled and report to the Fire Marshal by the Chief of Section.

b. The Chief of the Fire Fighting Section will be responsible under the orders of the Fire Marshal, for the actual fighting of the fire, including the use of the fire extinguishers, hose and other equipment provided for this purpose.

c. The Chief of the Police Section will be responsible that streets and roadways are kept open at all times so as not to obstruct the passage of the fire departments; that all patients are returned to the wards, and that visitors and other persons who are not a part of the fire fighting personnel are kept off the roadways and away from the vicinity of the fire.

d. The Chief of the Evacuation and Salvage Section will be responsible that the necessary litters are available at the actual scene of the fire, and that the personnel of his section are prepared to act as litter bearers or to perform such other duties as may be directed by the Fire Marshal. When bed patients are to be evacuated from a ward, a noncommissioned officer and a number of men, as assigned by the Chief of Section, will go to the nearest litter rack and proceed under charge of the noncommissioned officer to the scene of the fire. Bed patients will be removed from the ward as expeditiously as possible either in arms, by litter or on their mattresses. When a litter is used the following method will be observed: The litter having been placed on the floor beside the bed, the mattress with the patient on it will be lifted from the bed and placed on the litter.

338. **Procedure of Personnel Not Assigned to Fire Fighting in Case of Fire.**—a. Officers. The Fire Marshal and Assistant Fire Marshal, will proceed at once to the scene of the fire. All other officers of the command will proceed



## FIRE REGULATIONS

immediately to their respective places of duty and remain there until otherwise instructed or recall is sounded.

b. Nurses. Nurses will proceed immediately to their respective places of duty.

c. Enlisted personnel. All enlisted personnel, other than those assigned to the fire fighting and control sections, will proceed to their respective places of duty and remain thereat until a second alarm or recall is sounded. In the event of a second alarm all enlisted personnel, other than those specifically excepted by paragraph 339 of these regulations, will immediately repair to the scene of the fire for assignment to the various sections as directed by the Fire Marshal.

d. Patients. Patients will return immediately to their wards and remain seated at the foot of their beds until ordered elsewhere by the Ward Officer or Fire Marshal.

339. **Personnel Who Do Not Respond to Fire Alarms.**—The following personnel will not respond to a fire alarm but will remain at their respective places of duty:

Sergeant Major

The noncommissioned officer and orderlies in the O.D. Office.

Cooks on duty in the Main Kitchen and Special Diet Kitchen.

One cook on duty in the kitchen of Officers' Mess.

All men on duty in wards.

Attendants on special cases.

Commanding Officer's Orderly.

One man in Post Exchange, Operating Room, Information Office, Pharmacy, X-Ray Section, Medical Supply Office, Post Office, all men in Garage and all members of Quartermaster Detachment.

340. **Fire Drills.**—Fire drills will be held at least once a month under the direction of the Fire Marshal.

341. **Fire Prevention.**—a. Warehouse crowded; merchandise obstructing aisles or main floors.—Aisles should be five (5) feet wide and should not have blind ends. A space of eighteen (18) inches must be preserved between stored materials and all walls and ceilings.

b. Floor wax will not be heated over a stove but may be placed in a pan of hot water in order to soften if necessary.

c. Storage of volatiles in or within 60 feet of buildings used for other purposes is forbidden.

d. Defective wiring. No wiring carrying street current will be permitted to come in contact with structural work, but will be raised on porcelain insulators or pass through insulating tubes. Twisting or knotting of light cords is forbidden. Installation of light or power extensions by persons other than the authorized electrician is forbidden.

e. Fuses bridged. The practice of replacing burnt out fuses with coins, wire or other metal substance is forbidden. When a fuse blows out or any defect is noted in electric fixtures or wiring, it will be immediately reported to the engineer at the Power Plant.

f. Paper decorations on lights or light wiring. Improvised shades of paper or other inflammable material are forbidden; shades made of paper, silk, etc.,

## FIRE REGULATIONS

must be provided with metal frames which assure non-ignition of the material composing the shade. The practice of stringing fly paper or paper decorations or hanging other inflammable material or electric light wires is forbidden.

g. Fire hydrants. Threads of working parts of fire hydrants will be lubricated at least once each three (3) months and working parts will be tested at the time of lubrication; each hydrant will be equipped with a plug wrench.

h. Fire hose will be tested to 150 pounds pressure once each year.

## MESSES

**342. Organization.**—All messes at this hospital will be under the immediate supervision of an officer designated by the Commanding Officer. He will be known as the Mess Officer. The Commanding Officer, Detachment Medical Department, is charged with the assignment to the Mess Department of such enlisted personnel as may be necessary for its operation. All personnel assigned for duty to the Mess Department will be detailed to their specified duties by the Mess Officer.

**343. Mess Officer, Duties in General.**—a. The Mess Officer will have charge of and be responsible for the general administration of all messes in the hospital.

b. He is the custodian of the Hospital Fund, and as such is responsible that is expended only in accordance with existing regulations.

c. He is charged with the responsibility for the selection, purchase, care, issue, preparation and serving of all food supplies, except for the nurses' mess, which functions under the immediate supervision of the Chief Nurse.

d. He will see that the equipment for the handling and serving of food is sufficient, clean, and properly cared for.

**344. Records.**—The following records will be maintained by the Mess Officer:

a. Stockcards. For all articles in stock, cards will be prepared and purchases and issues will be noted thereon.

b. Inventory Book. The Inventory book will contain a completely itemized list of all articles remaining on hand in the storeroom at the end of the month, together with the money value and total cost of the same.

c. Monthly Statement of Cost. In this book will be recorded the cost of each mess, the total number fed during the month, and the cost per capita of each.

d. Bills of Fare. Bills of fare will be prepared daily. Copies will be furnished the Commanding Officer, wards, kitchens, and dining rooms.

e. Hospital Fund Statement. The hospital fund statement will be prepared monthly in accordance with AR 210-50. The retained copies of the statement of the hospital fund and the pertinent vouchers will be filed by the Mess Officer with the records of the Mess. List of outstanding bills will be filed with each returned hospital fund statement.

f. Mess Account (Form 74, MD). A consolidated statement will be kept showing the daily financial standing of the hospital mess.

g. Cash Book. The cash book will be kept by the Mess Officer. It will show the course of all cash receipts and the disposition of them.

h. File of Receipts. Will comprise duplicate receipts furnished all pay patients upon payment of their accounts.

i. Record of Pay Patients. A card will be kept for each pay patient in hospital, showing name, status, date of admission, date of discharge, rate of charges per day, dates payment for subsistence or medicine charges were made, the amount of subsistence of medicines separately, and the name of the person making the collection. This record will be maintained in two files; first, a file to consist of patients in hospital and unpaid accounts; second, to consist of those discharged from the hospital and paid accounts.



## MESSES

j. **Record of Durable Property.** All durable property belonging to the hospital fund will be entered in a book kept for that purpose showing the cost and the department to which issued. A memorandum receipt will be prepared by the Custodian of the Hospital Fund and signed by the person holding such property and filed with the Durable Property Account Book. Transfers of responsibility will be made whenever custody of the property changes.

k. **Bank account.** Will comprise deposit books, cancelled checks, retained stubs, and bank statements.

345. **Subsistence and Medicine Charges.**—The Mess Officer will make collection of all subsistence indebtedness due the Hospital Fund by pay patients, and will be responsible for the proper maintenance of all accounts and records pertaining thereto. He will also receive, account for, and make the prescribed disposal of all funds paid as medicine charges by patients in hospital who are not entitled to care and treatment at the expense of the army appropriation. He will render each pay patient on the last day of each month a statement showing the patient's indebtedness and will furnish an itemized numbered and signed receipt upon payment. All patients remaining in hospital on the last day of the month are required to pay their indebtedness in full on the first day of the following month to the Mess Officer at the Mess Office, except those whose condition is such that they cannot leave the wards, in which case the Ward Officer will furnish the Mess Officer with a list showing the name of each patient unable to leave the ward. Upon receipt of this list, the Mess Officer will call at the ward and obtain settlement. Pay patients discharged from hospital will pay their indebtedness at the Mess Office on the date of discharge. The Mess Officer will institute the necessary steps in accordance with Army Regulations for the collection of any money due the Hospital Fund by pay patients for which settlement cannot be obtained locally.

346. **Purchase of Food Supplies.**—The Mess Officer will personally check and sign all orders for purchases of food supplies required for all messes at this hospital, except for the Nurses' Mess. He will assure himself that the supplies charged to the Hospital Fund are actually received, safely stored, and issued for proper use. He will maintain an accurate record of supplies received and of those issued to the various messes. All components of the ration will be purchased from the Quartermaster when available.

347. **Night Cook.**—The Mess Officer will detail a night cook from the personnel assigned to him. The night cook will be on duty from 6:00 PM to 4:30 AM, when he will be relieved by the cook on duty in the morning. He will remain awake and will not leave the main mess building during his tour of duty. He will prepare the night meal for the men on night duty. He will not allow any persons in the kitchen building except the Officer of the Day. The night men, including the Hospital Guard will be served in the mess room designated for that purpose but will not enter the kitchen. The night lunch will be served from 10:30 PM to 12:30 AM. No persons other than those actually on night duty will be served. The night cook will allow no property supplies or subsistence stores to be taken from the mess building during his tour of duty and will report any unusual occurrence to the Officer of the Day and the Mess Officer.

## MESSES

348. **Payment for Supplies.**—The Mess Officer will make payment by check for all supplies purchased and obtain a signed receipt. Under no circumstances will he disburse cash.

349. **Bank Deposits.**—The Mess Officer will deposit in the authorized bank, to the credit of the "Hospital Fund, Letterman General Hospital," all monies received, except that he is authorized to keep on hand \$20.00 in cash to make change for pay patients in the settlement of their hospital indebtedness.

350. **Meals and Meal Hours.**—a. Meals will be served promptly at the prescribed hours. No one will be served at other hours unless they are on an authorized duty which makes it impossible for them to be served at the regular time.

b. The hours of serving meals in the various messes of the hospital will be those prescribed in Paragraph 43.

351. **Responsibility for Food Handlers' Examinations.**—The Mess Officer will be responsible for the observance of the provisions of Paragraph 12, AR 40-205, governing the examination of permanent food handlers.

352. **Inventory of Food Supplies.**—The Mess Officer will, on the last day of the month, make a physical inventory of all supplies on hand and enter the quantity of each item, unit cost, value of each item, and the total value, in the inventory book.

353. **Property Responsibility.**—The Mess Officer will cause a physical check to be made of all property for which he is responsible on the last day of each month. He will report the result to the accountable officer on completion. Shortages which cannot be adjusted will be surveyed without delay, in accordance with regulations.

354. **Serving of Meals in Mess Hall.**—All patients on table diet whose physical condition permits will be served at the cafeteria. Those whose physical condition precludes cafeteria service will be served at table upon presentation of a metal disc. Ward Officers will issue to patients who require table service a metal disc which will be retained by the patient until, in the opinion of the Ward Officer, the need for table service for the patient no longer exists. Patients will be informed that the disc is not transferable and that it must be turned in upon discharge from hospital. Ward Officers will exercise constant supervision over the group of patients requiring table service with a view of eliminating therefrom any patient who may become able to care for himself in the cafeteria. A list of such patients who require table service will be kept posted in the ward at all times.

355. **Nurses' Mess.**—The Nurses' Mess will function under the immediate supervision of the Chief Nurse, who will be responsible for the selection, care, preparation, and serving of food for the mess. A member of the Army Nurse Corps may be detailed from among the nurses, who will be directly in charge of the mess. This nurse will personally make all purchases of supplies required for the mess, will be responsible for their economical use, will direct the work of the employees in the kitchen and dining room, and will check the daily bills. At the end of each month, or when departing from the hospital by reason of transfer, leave of absence, etc., members of the Army Nurse Corps, Reconstruction Aides, Dietitians, or such other persons whose subsistence is authorized

## MESSES

in the Nurses' Mess, will pay into the Hospital Fund, through the Chief Nurse, the amount prescribed by Army Regulations, for each day they have been furnished meals. A statement showing clearly the amounts collected from the above groups, giving the number of days, per diem rates, and the amount of credit allowed for Mess Attendants subsisted at the Nurses' Mess, will be submitted to the Mess Officer by the Chief Nurse at the end of each month, together with vouchers to be paid by him. The total amount of these vouchers will not exceed the amount collected for subsistence and the amount of credit allowed for Mess Attendants' subsistence. The meal hours at the Nurses' Mess will be as prescribed by the Chief Nurse.

356. **Duty Officers' Mess.**—A mess for officers on duty at the hospital will be maintained in connection with the general hospital mess. A charge of \$1.25 per day or 42c each for separate meals will be made. Officers will sign for each meal partaken, on a slip provided by the Mess Officer. Payment for meals will be made on the last day of each month on bills presented by the Mess Officer.

357. **The Hospital Council.**—The Hospital Council will consist of:

The Commanding Officer, Detachment Medical Department.

The Commanding Officer, Detachment Quartermaster Corps.

The Commanding Officer, Detachment of Patients.

The Mess Officer.

The Council will be governed by the provisions of Paragraph 18, AR 210-50.



## POST EXCHANGE

358. **Exchange Council.**—The Exchange Council will consist of the Commanding Officer, Detachment Medical Department; the Commanding Officer, Detachment Quartermaster Corps; the Commanding Officer, Detachment Patients, the Exchange Officer, and such other officers as may be detailed by the Commanding Officer. The Council will meet as prescribed in Army Regulations at the call of the President and by the direction of the Commanding Officer. The Council will be governed by instructions contained in Army Regulations and other instructions issued by proper authority.

359. **Business Hours.**—The Exchange Store, Restaurant, and Concessions, will be open at such times as may be directed by the Commanding Officer.

360. **Authorized Night Lights.**—The following lights will be left burning when the Exchange is closed:

- a. One light in the office of the Exchange.
- b. One light in the center of the Exchange store.
- c. One light at each main entrance of the Exchange store.

## LAUNDRY

361. **Function.**—The laundry will function as a Medical Department laundry for this hospital and such posts and Army Transports as may be specified by The Surgeon General.

362. **Officer in Charge.**—The Medical Supply Officer will be in charge of all operations of the laundry. The Superintendent will be placed in full charge of all departments under the Medical Supply Officer, to whom he will be directly responsible for results.

363. **Operations and Hours.**—The laundry will be in operation daily from 7:00 AM to 4:00 PM except Saturdays, Sundays and holidays. The hours on Saturdays will be from 7:00 AM 11:30 AM, or until such time thereafter as may be required.

364. **General Classification and Activities.**—Services will be furnished to:

a. All departments of this hospital—for hospital bed and table linen.

b. All station hospital and army transport hospital linen as authorized by the Surgeon General. (For list see M.D. Form 21).

c. Patients' clothing as authorized by regulations. (Par. 14, AR 40-590). (For list see M.D. Form 21).

d. Nurses', and aides' white uniforms and such other articles of wearing apparel as are authorized by regulations. (For list see MD Form 21).

e. Interns' and enlisted attendants' white uniforms, etc. (For list see MD Form 21).

f. No service will be rendered for any person for which a charge may be made.

365. **Hospital Bed and Table Linen.**—Soiled hospital bed and table linen will be exchanged daily, except Sundays and holidays, between the hours of 7:00 and 8:30 AM. A second exchange of linen will be made on Fridays prior to 2:00 PM. The linen will be delivered to the laundry by the wardmaster or other responsible department representative, properly listed on Form No. 5, L.G.H. It will be counted and checked by a laundry employee in the presence of the wardmaster, and an equal number of pieces of serviceable clean linen issued in exchange, for which the Laundry will be given a receipted clearance.

366. **Clothing of Patients.**—When necessary authorized articles of patients' clothing will be delivered to the laundry by the wardmaster, properly listed on authorized form (Form 47, L.G.H.), giving patient's full name, ward number, etc., on Mondays and Thursdays and called for on Wednesdays and Saturdays.

367. **Nurses and Aides.**—Nurses' white uniforms, etc., properly listed on authorized forms, will be delivered to the laundry on Tuesdays and may be called for on Wednesdays. Authorized articles of household linen will be exchanged daily at the usual hours as noted in Paragraph 365.

368. **Enlisted Attendants.**—White uniforms of enlisted attendants will be exchanged daily between the hours of 7:30 and 9:30 AM. Eight white uniforms will be issued to each man authorized to wear white clothing, five of which will be held at the laundry for exchange.

369. **Disinfecting and Sterilizing Plant.**—The disinfecting and sterilizing plant is operated in conjunction with the laundry. All hospital linen, bedding, wearing apparel from infectious sources will be disinfected at this plant. Washable articles requiring disinfecting will be delivered directly to the sterilizing room where they will be sterilized before being laundered. Except in emerg-

## LAUNDRY

ency, articles will be brought to the sterilizing plant between the hours of 7:30 AM and 1:00 PM. Delivery will be made the following day after 8:00 AM.

370. **Records and Reports.**—The superintendent will keep an accurate record of all transactions. An itemized list of all articles processed will be kept. A complete record of supplies used, costs of repairs to equipment and upkeep of building, the amount of power (steam and electricity) used and the cost thereof, time and wages of employees, cost per piece for each article laundered and the per patient day cost for laundry service. All records and reports will be submitted to the officer in charge.



## RECEIVING AND EVACUATION OFFICE

**371. Function.**—The Receiving and Evacuation Office at this hospital will be under the immediate supervision of an officer of the Medical Corps designated as the Receiving and Evacuation Officer. During his absence from office, his duties will be assumed by the Officer of the Day. The admission and discharge of all patients to and from the hospital will be accomplished through the Receiving and Evacuation Office. The ambulance service at this hospital will be regulated by the Receiving and Evacuation Office.

**372. Receiving and Evacuation Office.**—The Receiving and Evacuation Officer will be responsible for:

- a. The admission of all patients to hospital.
- b. The final discharge of patients from hospital.
- c. Regulation of ambulance service provided by this hospital.
- d. The preparation and rendition of prescribed reports and forms pertaining to his office.
- e. The strict observance of regulations governing funds, money and valuables of patients, upon their admission to hospital. Par 8-c 1, AR 40-590.
- f. The proper care and medical treatment of patients from the time of their arrival at this office until a Ward Officer has assumed charge of the case.
- g. The admission of only those patients to this hospital who are entitled to treatment in accordance with Army Regulations. Only in extreme necessity will persons not entitled to admission to army hospitals be admitted, (Par. 6, AR 40-590).

**373. Office Hours.**—The Receiving and Evacuation Office will be open the entire twenty-four hours of each day. The hours of duty for the Receiving and Evacuation Officer will be from 9:00 AM to 4:00 PM daily, except Saturdays, Sundays and holidays, and on the latter days, from 9:00 AM to 12:00 noon.

**374. Admission of Patients.**—a. All patients will be admitted to hospital through the Receiving and Evacuation Office, where the required admission data will be made of record and assignment to a proper ward effected. In emergency cases the patient may be taken directly to the ward and the necessary admission data obtained later.

b. Patients reporting for admission will be examined and placed in a ward without delay.

c. Patients with contagious diseases will not be permitted to leave the ambulance or enter the Receiving and Evacuation Office, but, after having been seen by the Receiving and Evacuation Officer, will be sent directly to the Isolation Ward. Ambulatory patients for this ward will not be permitted to go through the hospital, but will be conducted to that ward by way of the road between the Nurses' Quarters and Ward A-1.

d. The Receiving and Evacuation Officer, will, in the case of each patient admitted to hospital, see that patients are admitted to hospital, see that patients are admitted to the proper ward for treatment.

e. When prisoners or insane cases are admitted, their guard or attendants will escort them to the proper ward, accompanied by an orderly from the Receiving and Evacuation Office. Insane and prisoners will be placed in Ward S-1 and S-2 respectively. These patients will be searched by an officer in the Receiving Office and all effects which might prove dangerous to themselves

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or to others, taken. Prisoners who are not mental patients may be allowed to retain their safety razors.

f. Patients admitted to this hospital will be conducted to the proper ward by an orderly who will, in all cases, carry any baggage the patient may have.

**375. Baggage of Patients.**—Patients admitted from trains or boats will be asked by the Receiving and Evacuation Officer whether or not they have baggage other than that which accompanied them at the time of admission. If so, they will be requested to deliver the checks therefor to the Receiving and Evacuation Officer, after which a record showing the check numbers and full name, rank, and organization of patient will be made in a book kept for the purpose. The patient, upon turning over the checks, will be given a receipt therefor. The Receiving and Evacuation Officer will be held responsible for the prompt delivery of these baggage checks to the noncommissioned officer in charge of the Patients' Baggage Room, who will receipt for them in the book mentioned above. When patients arrive at this hospital via an ambulance or other conveyance, the orderlies will unload all baggage and have the patients identify their own.

**376. Admission of Patients Arriving via Boat or Rail.**—The Receiving and Evacuation Officer will provide the necessary ambulance service and attendants for patients arriving by boat or rail. When he is advised that a number of patients are to arrive he will make preparation in advance for their reception and admission to wards. When patients are scheduled to arrive at hours other than those prescribed for the Receiving and Evacuation Officer, the latter will arrange for necessary transportation and attendants, and will advise the Officer of the Day accordingly. The Receiving and Evacuation Officer will take steps to assure that separate ambulances are provided for infectious cases.

**377. Discharge of Patients.**—a. The final discharge from the hospital of patients will be accomplished by the Receiving and Evacuation Office.

b. Pay Patients will be required by the Receiving and Evacuation Officer to show their receipt for payment of their hospital account before they are permitted to leave the hospital on final discharge.

c. A record of all discharges from the hospital will be entered by the Receiving and Evacuation Officer on the Departure Sheet, the data therefor being obtained from the bed cards of discharged patients. After entry has been made on the Departure Sheet, the bed card will be transmitted to the Registrar for permanent file.

**378. Evacuation of Patients Leaving via Boat or Rail.**—The Receiving and Evacuation Officer will be responsible for the proper evacuation to train or boat of all patients transferred to other hospitals, their homes, or elsewhere. He will familiarize himself with the details of the evacuation and be responsible for its conduct until the patients and attendants are actually upon the train or boat. Attendants designated to accompany patients will report to the Receiving and Evacuation Officer in advance of their departure for instruction regarding their specific duties. Patients to be transferred without attendants will report to him for instructions. In either event he will provide the necessary local transportation. In the case of evacuations scheduled for hours other than those prescribed for the Receiving and Evacuation Officer, he will advise the Administrative Officer of the Day and inform him of the details of the evacuation.

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379. **Inspection of Enlisted Men Returned to Duty.**—The Receiving and Evacuation Officer will inspect all enlisted men returned to duty from this hospital and will see that none are permitted to leave in improper uniform. Particular care will be taken that no patients are permitted to leave for a colder climate without adequate clothing.

380. **Personnel.**—a. Commissioned: Such commissioned assistants to the Receiving and Evacuation Officer as may be necessary will be assigned to him by the Commanding Officer. The former will assign them to their specific duties, and will be responsible for the proper performance of their duties.

b. Enlisted: The Commanding Officer, Detachment Medical Department, will detail three (3) noncommissioned officers, and such number of Privates First Class or Privates as may be necessary and available for the proper conduct of the office. The Receiving and Evacuation Officer will detail these enlisted men to their respective duties, and will arrange that a noncommissioned officer is on duty at all times in the Receiving and Evacuation Office.

381. **Special Duties of Noncommissioned Officers.**—a. The noncommissioned officer on duty at the time of arrival of a person for admission to hospital, will immediately notify the Receiving and Evacuation Officer, or, in his absence, the Officer of the Day.

b. In addition to the duties incident to the Receiving and Evacuation Office, noncommissioned officers on duty in that office will function under the Officer of the Day in all matters relating to the conduct of the Officer of the Day's Office. They will keep themselves constantly informed of the whereabouts of the Officer of the Day, and will notify him whenever he is needed at any place in the hospital. They will receive and transmit telephone calls incident to the operation of the Officer of the Day's Office. They will inform Chaplains of cases of seriously ill patients requesting chaplains. They will prepare the daily report of the Officer of the Day, the Guard Report, and perform all clerical work pertaining to the Officer of the Day's Office. They will keep themselves informed of the whereabouts of the Sergeant of the Guard and transmit to him messages and orders. They will familiarize themselves with, and instruct enlisted personnel serving under him, in reference to all orders and regulations of this hospital, especially those pertaining to the Officer of the Day, Receiving and Evacuation Office, Fire Regulations, and the Hospital Guard.

382. **Ambulance Service.**—Ambulance service at this hospital will be furnished under the direction of the Receiving and Evacuation Officer, or in his absence, the Officer of the Day, who will conform to the provisions of AR 40-75 in their conduct of this service. Ambulances will not be ordered out by noncommissioned officers on duty in the Receiving and Evacuation office without authority of the Receiving and Evacuation Officer, or, in the latter's absence, of the Officer of the Day, unless the emergency be so great that the delay in obtaining such authority is inadvisable. In such cases, report will be made to the proper officer at the earliest opportunity. In his action toward providing ambulance service for patients arriving by train or boat, the Receiving and Evacuation Officer will be guided by regulations.



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383. **Records.**—The Receiving and Evacuation Officer will be responsible for the preparation and disposition of the records enumerated in regulations.

384. **Absence of the Receiving and Evacuation Officer.**— During hours other than those prescribed for the Receiving and Evacuation Officer, the Officer of the Day will assume charge of, and be responsible for all duties of the Receiving and Evacuation Officer relative to the administrative conduct of that office, and the Officer of the Day will assume charge of, and be responsible for those of a professional nature.

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**385. Organization.**—As set forth in regulations, the Medical Supply Department is a part of the Administrative Division of this hospital and will be under the immediate supervision of an officer designated by the Commanding Officer. He will be known as the Medical Supply Officer and will be directly responsible for the efficient conduct of the department.

**386. General Duties.**—a. Procurement, storage, issue and accountability for all medical supplies, equipment and blank forms of the Medical Department, Adjutant General's Department and such local blank forms as may be authorized by the Commanding Officer.

b. The maintenance and operation of such utilities as may be authorized for the repair and upkeep of Medical Department property.

c. The expenditure of all allotments for the purchase and upkeep of medical supplies.

d. Preparation and maintenance of such memorandum receipts, inventories, property reports, returns and stock record system as are prescribed by proper authority.

e. The general supervision over and care of the Medical Library and the maintenance of such library records as are prescribed by proper authority.

**387. Supplies, Expendable, Requisition for.**—a. Except in emergency, requisitions for expendable medical supplies will be made on M.D. Form 16a (one copy). Requisitions will be prepared on the typewriter whenever practicable, using the nomenclature, item number and unit as listed in Medical Department Supply Catalogue. They will be carefully checked and signed by officers in charge of departments, wards, etc., and forwarded to the Medical Supply Officer not later than 12:00 noon of Monday of each week.

b. In an emergency in which the need could not have been foreseen, requisitions may be submitted at any time. Such a requisition will be prepared as directed above and marked "Emergency."

**388. Supplies, Non-Expendable, Requisition for.**—Requisitions for non-expendable medical property will be made in the manner prescribed in paragraph 387 a above, except they will be prepared in duplicate on M.D. Form 16b. The original copies of the requisition will be retained by the Medical Supply and the duplicate returned to the Responsible Officer for file as a voucher to Memorandum Receipt for Non-expendable Property.

**389. Supplies, Issue of.**—a. The Medical Supply Officer will audit all requisitions and reduce excessive amounts requisitioned to meet the allowances prescribed by the Surgeon General.

b. Regular issues will be made at the Medical Supply Department on Thursday of each week between 8:00 and 11:30 AM. Supplies not called for within the specified hours will be returned to stock.

c. Issues of drugs will be made to the Pharmacy and dispensed by that department on prescriptions. Exceptions to this rule will be made only in the case of articles stored for use of a specified service.

d. Articles entering into the composition of surgical dressings will be issued in bulk to the Anesthesia and Operating Section. Such dressings will be prepared and sterilized in the preparation room pertaining to that section and issued to wards, departments, etc., as required.

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390. **Alcohol, Narcotics, and Habit-Forming Drugs.—a.** The Medical Supply Officer is directly charged with the safekeeping of all stores of ethyl alcohol, absolute alcohol, alcoholic liquors, narcotics and habit forming drugs until they are issued to the Pharmacy or other Departments authorized to issue them. He will receive and issue these supplies in person. All reserve supply of these articles will be kept locked in safes in the room especially provided for that purpose in the Medical Storeroom. All keys and safe combinations will be kept at all times by the Medical Supply Officer personally. He will keep a detailed account of his issues on M.D. Form 17a, keeping as vouchers requisition Form 16a upon which issues were made.

b. Issues of absolute and ethyl alcohol will be made only to the Officer in Charge of the Pharmacy and the Chief of the Laboratory Service upon requisition signed by them.

c. Issues of alcoholic liquors, narcotics and habit-forming drugs will be made only to the Officer in Charge of the Pharmacy upon requisition signed by him.

d. All alcohols, alcoholic liquors, narcotics and habit-forming drugs in the possession of the Medical Supply Officer will be checked once each month by an officer designated by the Commanding Officer. Written report of the findings will be made to the Commanding Officer immediately thereafter.

391. **Property Responsibility.**—The Medical Supply Officer will maintain the Account of Property on Memorandum Receipt as prescribed in AR 35-6520. These receipts will be prepared in duplicate, renewed semi-annually or when property responsibility is transferred. Memorandum receipts presented to Responsible Officers will be immediately checked by them and the original signed and returned to the Medical Supply Officer within forty-eight (48) hours, the duplicate to be filed in the ward or department. All notations of the Responsible Officer will be made on the duplicate. In no case will original copies be changed or notations made by other than the Accountable Officer. Transfers made for convenience during short leaves of absence or within a short time subsequent to issue of a new memorandum receipt will be made by receipt of new officer on reverse of old receipt.

392. **Exchange and Replacement of Property.—a.** Unserviceable non-expendable property for exchange will be turned in to the Medical Supply Officer on Monday of each week, between the hours of 8:00 AM and 11:30 AM. Property will be listed on M.D. Form 16 c (1 copy) and be certified by the Responsible Officer that the article or articles became worn out through fair wear and tear in the public service. Medical property becoming unserviceable through other than the above conditions will be acted on in accordance with provisions of AR 35-6640. Similar action will be taken when property is lost.

b. Surgical instruments, scientific instruments and appliances, X-Ray tubes, dental instruments and physio and electrotherapy machines which have become unserviceable through fair wear and tear in the public service will be accompanied with a certificate in quadruplicate signed by the Responsible Officer, covering the unserviceability.

c. Duplicate copies of Form M.D. 18-b will be furnished by the Officer in Charge, Dental Service, covering monthly expenditure of dental gold.

d. Non-expendable property no longer required for current use will be turned in to the Medical Supply Officer on Monday of each week, between the



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hours of 8:00 AM and 11:30 AM. This property will be listed on M.D. Form 16 d, (in duplicate), signed by the Responsible Officer and submitted with the property to the Medical Supply Officer for approval and credit. The Medical Supply Officer will sign duplicate copy of Form 16 d and return it to the Responsible Officer for file with his Memorandum Receipts.

**393. Property Check, Monthly.—a.** Officers having property on Memorandum Receipt will check all property for which they are responsible on the first day of each month. Report of such check, prepared in duplicate, listing all overages and shortages found, will be made, the original forwarded to the Medical Supply Officer not later than 12:00 noon the following day, duplicate to be retained by Responsible Officer.

**b.** The Medical Supply Officer will consolidate the lists of overages and shortages as prepared by Responsible Officers, make such adjustments as are possible and report his action to the Commanding Officer.

**c.** Under existing regulations Accountable Officers are required to take up as "Found at Post" all property in excess of that listed on his stock record account. To avoid duplication of accountability, Responsible Officers are directed to report all articles in excess of their responsibility in order that adjustment may be made of shortages found in other departments. In event that adjustments cannot be made of property lost, the Responsible Officer will be directed to proceed as set forth in AR 35-6640.

**d.** The Medical Supply Officer will, from time to time, check wards and departments to determine the accuracy of check reported by such ward or department. The officer in charge of ward or department will accompany the Medical Supply Officer while check is being made and will render such assistance as may be required to secure an accurate check. The results of this check will be considered as final and will be reported to the Commanding Officer by the Medical Supply Officer.

**394. Inventories and Reports.—a.** The annual inventory of medical supplies as required by current orders, War Department, as well as special inventories and reports of property required from time, will be prepared and signed by the Medical Supply Officer and forwarded by him through the Commanding Officer to the Surgeon General of the Army.

**b.** The Medical Supply Officer will prepare and submit to the Commanding Officer, a semi-annual statement of cost of Medical Services, as prescribed in AR 40-1705, covering six month periods, ending June 30th and December 31st of each year. This report will be submitted on the 10th days of July and January of each year, covering the periods just preceding, or as soon thereafter as complete information can be furnished.

**395. Repair and Renovation of Medical Department Equipment Including Instruments.—**Whenever the responsible officer desires repair or renovation of any article or articles of Medical Department equipment, he will cause the article to be turned in to the Medical Supply Officer at the Medical Department Storeroom, with a statement of work desired. The Medical Supply Officer, upon receipt of such article, will either exchange it for a serviceable article of the same character or cause the necessary repairs to be made. No article of Medical Department equipment will be sent to a repair shop by any person other than the Medical Supply Officer.

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b. Typewriters. The Medical Supply Office is charged with the cleaning, repairing, the changing of ribbons and general maintenance of all Medical Department typewriters. All individuals, other than those designated by the Medical Supply Officer, are prohibited from cleaning or repairing of typewriters or changing the ribbons. Issues of typewriter ribbons to departments will not be made. Typewriters will be taken each month to the Medical Supply Machine Shop at a convenient time, during the period designated by the Medical Supply Officer, for inspection, cleaning, and such other servicing as is deemed necessary. A suitable tag will be affixed by the Medical Supply Officer to each typewriter upon completion of servicing and inspection. This will not be removed.

396. **Purchase of Materials in Open Market.—a.** Requests for purchase of nonstandard drugs or supplies by Services will be made on Form 94, L.G.H. to the Medical Supply Officer by the Chief of Service concerned. Except in case of emergency, the Medical Supply Officer will obtain the approval of the Commanding Officer or his representative before purchases are made.

b. Purchases of supplies from Medical Department Appropriation will not be made by any one other than the Medical Supply Officer. Purchases made other than in the authorized manner, or orders given in anticipation of future deliveries will be charged to the account of the person or persons giving such orders.

c. Monthly report of expenditures against proper appropriation titles will be made by the Medical Supply Officer, signed by him as to their correctness and submitted to the Commanding Officer by noon the 5th day of the month next succeeding, or as soon thereafter as complete report can be furnished. This report will be as of the last day of the previous month.

d. Report of Medical and Hospital Department Allotments expended by the Medical Supply Officer will be reported quarterly. This report, supported by accompanying vouchers, will be forwarded through the Commanding Officer, by the 5th day of the succeeding month, or as soon thereafter as complete information can be furnished. Similar reports will be made at the end of each fiscal year as soon as accompanying vouchers can be secured.

397. **Transfers of Property Between Responsible Officers.—a.** When property responsibility in a ward or department is ordered transferred from one officer to another, the Responsible Officer, **accompanied by his successor, will personally check all property** on Memorandum Receipt. Report of such check, with overages and shortages, will be made to the Medical Supply Officer who will make such adjustments as possible from his stock and prepare a new Memorandum Receipt for the new Responsible Officer.

b. Upon receipt of orders for change of station or upon change of duties which require transfer of accountability, the Medical Supply Officer will request the Finance Officer, 9th Corps Area, for an audit of his accountability. In event that his authorized relief has not reported prior to the departure of the Medical Supply Officer, an officer of the Medical Department will be temporarily appointed to assume medical accountability, receipt being taken as required in paragraph 1, AR 35-6680.

c. When the Accountable Officer is relieved of his accountability by reason of leave, illness, special duty from station, or other authorized temporary ab-

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sence, in which it is not deemed necessary to make complete change of accountability, he will make such certificates as are specified in paragraph 1, AR 35-6680.

**398. Requisitions by Medical Supply Officer.—a.** The Medical Supply Officer is charged with the timely requisitioning for such amounts of medical supplies as are needed for the requirements of this hospital. He will request such data from the services as he may deem necessary and Chiefs of Services will give such assistance as he may require in the preparation of these requisitions.

**b.** Non-standard requisitions for non-standard drugs, instruments, special appliances and equipment will be submitted by the Medical Supply Officer quarterly for such supplies as are necessary for the upkeep of the hospital. He will call on Chiefs of Services for an estimate of the supplies needed, consolidate these requests and submit his requisition through the Commanding Officer to the Medical Section, San Francisco General Depot. Chiefs of Services are directed to reduce their requests for non-standard articles to minimum required by absolute necessity. Requests for proprietary medicines, instruments and appliances for which a suitable substitute is listed on the Medical Supply Table are prohibited.



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**399. Duties in General.**—In general, the duties of Post Quartermaster, in so far as they concern the different activities of the Quartermaster Corps and Signal Corps at this hospital, will be as follows:

- a. (1) The administrative and disciplinary control over all personnel, both civilian and enlisted, of the Quartermaster Corps, on duty at this hospital.
- (2) The procurement, storage, issue of, and accounting for, all supplies and equipment necessary to the command and maintenance and operation of the hospital, with the exception of those supplies and equipment properly procured, stored, issued and accounted for by the Medical Supply Officer.
- (3) The maintenance and operation of utilities.
- (4) The maintenance and repair of buildings, roads, walks, grounds and lighting, heating, water and sewer systems.
- (5) The maintenance, repair and operation of all motor transportation. For this purpose he will have administrative control over such enlisted men of the Medical Department as may be assigned to duty in connection with the operation of transportation.
- (6) The collection and disposition of all salvage and waste materials.
- (7) The Commanding Officer of the Detachment Quartermaster Corps.
- (8) The administration, maintenance and operation of the printing plant.
- (9) Such other duties as may be specifically assigned him from time to time by the Commanding Officer.
- b. (1) The general administration of the telephone and telegraph systems of the hospital.
- (2) The settlement of all accounts for official telephone and telegraph service.

**400. Handling of Supplies.**—The following instructions will govern in the handling of supplies:

a. The Quartermaster is charged with the procurement of such supplies and equipment of the Quartermaster Corps as are required for the proper supply and equipment of the Detachments Medical Department, Quartermaster Corps, and Patients; and for the maintenance and operation of all activities of the Quartermaster Corps, such general Quartermaster supplies as are required for the hospital proper being procured, stored, issued and accounted for by the Medical Supply Officer.

b. The following will govern all issues of supplies and equipment by the Quartermaster:

- (1) Clothing chargeable to the clothing allowance of enlisted men will be issued on requisition submitted by the organization commander on QMC Form 409 for bulk issues and AGO Form 35 for individual issues. These requisitions will be prepared in duplicate and, in the case of bulk issues, will be submitted to the Commanding Officer of the hospital for approval prior to issue

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of clothing thereon. After issues have been effected the forms will be completed by the Quartermaster and the duplicate copy returned to the organization commander for file with his records for the action of the Inspector, the original after signature by the organization commander being retained by the Quartermaster as a credit voucher to his accounts.

- (2) Non-expendable supplies and equipment other than clothing need not be covered by formal requisition but will be issued on informal request. Issues will be made on QMC Form 487, which will be prepared in duplicate, the original being signed by the person to whom issues are made and retained by the Quartermaster, and the duplicate delivered to the responsible person.
- (3) All issues of expendable supplies and equipment will be made on requisitions submitted in duplicate and approved by the Commanding Officer of the hospital as follows:

- (a) Issues of cleaning materials, stationery, etc., will be made quarterly on requisitions submitted in duplicate on QMC Forms 411, 412, 413 and 414, and approved by the Commanding Officer of the hospital. Requisitions for these supplies will be based on allowances announced from time to time in Memorandum Orders and Tables of Allowances. The original of these requisitions, after issues have been affected and receipts obtained, will be used by the Quartermaster as a credit voucher to his accounts, the duplicate being returned to the requisitioning officer for the records of his office.

- (b) All other issues of expendable articles will be made on QMC Form 400, submitted as occasion demands. These requisitions will be approved by the Commanding Officer and disposed of as provided for in (a) above.

c. The following instructions will govern the receiving of supplies and equipment by the Quartermaster from organizations and individuals:

- (1) When it is desired to turn in serviceable non-expendable property, it will be presented to the Quartermaster who will credit the responsible person therefor on QMC Form 487. When unserviceable non-expendable property is to be turned in, it will be accompanied by a certificate or affidavit of the responsible person setting forth the circumstances by which it was rendered unserviceable and upon which the responsible person will rely to relieve himself of the responsibility for the unserviceable condition of the property.
- (2) All expendable property will, when no longer required, be turned in to the Quartermaster for salvage accompanied by a list of such property and, in the case of clothing which has been charged against the clothing allowance of enlisted men and dropped from accountability, the list will contain the name and organization of the enlisted man to whom the clothing per-

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tained. One copy of this list will be authenticated by the Quartermaster and returned to the organization commander for file with the records of enlisted man for the action of the Inspector.

- (3) All supplies received by the Quartermaster by transfer from other stations and by local procurement will be received and handled in accordance with existing regulations and the following instructions:

- (a) All articles received will, immediately upon receipt, be carefully examined as to quality and serviceability and checked as to quantity.
- (b) Upon compliance with (a) above, the person receiving the supplies will acknowledge receipt by entering his signature on the prescribed Tally-In (QMC Form 489) covering the shipment in the case of supplies purchased by this office; or initialing the Shipping Ticket covering shipment of supplies received from the Depot. In the case of supplies purchased, the Tally-In must be attached to the Receiving Report when it is submitted to the Quartermaster for signature. No supplies will, in future, be signed for by the Quartermaster until the above instructions have been fully complied with.
- (c) The necessary Tally-In covering supplies or equipment purchased will be prepared by the clerk or storekeeper receiving the supplies.
- (d) The person receiving and signing for supplies should bear in mind that the Quartermaster assumes accountability for the supplies on the strength of his receipt and that responsibility for the proper examination and accurate check devolves upon the person signing the Tally-In, Shipping Ticket or Receiving Report. Shipments should therefore be carefully checked to insure receipt of the supplies signed for and a proper notation made on the Tally-In, Shipping Ticket, etc., of any shortages, damaged goods, etc.
- (e) The following persons only are authorized to receipt for property of their respective departments as indicated:  
The Noncommissioned Officer in Charge of Storeroom or the Noncommissioned Officer in charge of property for all supplies received from the Depot or transferred from other Posts and such supplies as are purchased by this office, with the exception of subsistence stores.  
The Noncommissioned Officer in Charge of Commissary for all subsistence stores.

- d. (1) The Quartermaster will maintain at all times in the Post Commissary, or Quartermaster Sales Stores, such quantities of authorized sales articles as are required to meet the demands of of the personnel of the command.



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- (2) Sales will be made only to those authorized by regulations to make purchases.
- (3) The hours for sales will be 8:00 AM to 11:45 AM.
- (4) Deliveries will be made to personnel on duty at the hospital only. Orders for delivery must be placed not later than 9:30 AM.
- (5) No sales will be made to patients except on the order of the Ward Surgeon.
- (6) The bakery of the hospital will be operated under the provisions of Army Regulations 30-2260 and as an adjunct of the sales and issue commissary. The noncommissioned officer in charge of the commissary will be held responsible for its proper operation, police, etc. The chief baker will be responsible to the noncommissioned officer in charge of the commissary for the proper use and accounting of all supplies issued the bakery for the manufacture of bread and for the maintenance of proper records of baking, etc. Only such quantities of bread as are required for current consumption will be baked at any time. No sales or issues of bread, other than issues to the general mess, will be made from the bakery. All such sales and issues will be made from the commissary.

**401. Collection and Disposition of Salvage and Waste Materials.**—The following instructions will govern the collection and disposition of salvage and waste materials at this station:

a. The Quartermaster, acting in the capacity of Salvage Officer, is charged with the collection and disposition of all salvage, waste materials and unserviceable supplies accumulating at this station and will be guided in the performance of these duties by current War Department regulations and orders governing the collection and disposition of this class of supplies.

b. Existing regulations governing this class of supplies require that all unserviceable articles of public property, both expendable and non-expendable, be collected and turned over to the local Salvage Officer for disposition. Strict observance of such regulations and the following will be had to insure that all such property is properly collected and disposed of:

- (1) Non-expendable property stored and issued by the Quartermaster Corps, when unserviceable, will be turned over to the Quartermaster accompanied by a certificate or affidavit of the responsible officer or person (in quadruplicate) setting forth the circumstances by which the property was rendered unserviceable and upon which the responsible officer or person will rely to relieve themselves of the responsibility therefor. Property of this class stored and issued by the Medical Department will be turned over to the local Medical Supply Officer in accordance with existing regulations.
- (2) All expendable articles of public property, when unserviceable or no longer required, and all collections of waste materials will be turned over to the Salvage Officer accompanied by a list of such, showing the quantity of each article delivered.

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- (3) (a) All salvage and waste materials received by the Salvage Officer will be disposed of in accordance with existing regulations and to best interest of the service. Special vigilance will be had to insure that the interest of the service is safeguarded in disposing of such public property as may come into his hands through the salvage activities.
- (b) The waste or garbage from the messes operated at this hospital will be disposed of by the Salvage Officer by sale to a contractor, as is the present practice, so long as such is the most advantageous method to the Government.

402. **Maintenance and Repair of Buildings and Equipment.**—The Quartermaster is responsible for the proper maintenance and repair of all buildings, roads, grounds; also the water, sewer, heating and lighting systems of the hospital; and for the timely submission of estimates for adequate funds for this purpose in accordance with existing regulations, which require that annual estimates be submitted to the Quartermaster General through the Surgeon General as soon as possible after December 31st of each year. The following instructions will govern the maintenance and repair of buildings and equipment at this hospital:

a. Inasmuch as the Quartermaster is responsible for the proper maintenance and repair of all buildings, roads, grounds, the water and sewer system, heating system, lighting system, and such equipment as is stored and issued by the Quartermaster Corps, all requests for repairs to such will be made to the Quartermaster, as follows:

- (1) Ordinary or routine repairs will be requested by the entry of the desired repairs in the repair book provided for this purpose in the Staff Rom. Requests entered in this book will receive prompt attention. The Quartermaster will cause a designated representative of his office to extract all requests from this book twice daily and will be responsible that such requests receive proper attention.
- (2) All requests for emergency repairs during regular office hours will be made verbally in person, or by use of the telephone, to Utilities Clerk, Telephone Local 89, or to the foreman of the shop to which the work pertains, and the circumstances will be fully explained in order that expeditions and intelligent action may be taken to assure immediate accomplishment of same. No request that does not actually constitute an emergency will be treated as such in order to gain precedence over other necessary repairs, as this practice will result in the delay of more important repairs.
- (3) Any unusual repairs that may become necessary after office hours will be referred to the Quartermaster at his home, or if unable to communicate with him, to the Chief Clerk at his home.

b. The Quartermaster will arrange a priority on all requests received for repairs. Such priority will be in accordance with the wishes of the Commanding Officer and the best interest of the hospital as a whole.

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c. The Quartermaster being responsible for repairs to equipment stored and issued by the Quartermaster Corps Only, all requests for repairs to equipment supplied by the Medical Department, such as sterilizers, X-ray machines, etc., will be submitted to the Medical Supply Officer who is accountable for this class of equipment and who is required to furnish such repair parts and supplies as are necessary for the repair and maintenance of such equipment.

d. If within a reasonable length of time requests for repairs do not receive proper attention, or the repairs made are unsatisfactory, a report of such fact will be made to the Quartermaster.

e. No changes in any of the heating, lighting or plumbing fixtures in any building of the hospital will be undertaken without the prior authority of the Commanding Officer or Quartermaster. The use of adhesive tape by ward personnel in endeavoring to repair electrical wiring and equipment is strictly prohibited and any infraction of these regulations will be promptly reported to the Commanding Officer by the Quartermaster.

f. No painting in any building of the hospital will be done without prior consultation with the Quartermaster.

g. No cleaning solution, such as lye, etc., or other than the usual floor polish, will be used in cleaning and polishing floors of the buildings of the hospital without prior consultation with the Quartermaster.

**403. Maintenance and Operation of Utilities.**—The Quartermaster is responsible for the proper maintenance and operation of utilities pertaining to the Quartermaster Corps at this hospital and for the timely submission of adequate estimates of funds required for this purpose in accordance with existing regulations; also the submission of the necessary requisitions for fuel and other supplies required for their maintenance and operation. The utilities for which the Quartermaster is responsible consist of the power plant, the carpentry, painting, plumbing, electrical and steamfitting repair shops, and the following instructions govern in their maintenance and operation:

a. The power plant will be maintained and operated under the direct supervision of the Chief Engineer, acting under the supervision and orders of the Quartermaster, and he will be guided in the performance of his duties by the following:

- (1) Such civilian and enlisted personnel as is necessary for the operation and maintenance of the equipment of the plant and its auxiliaries, such as the ice plant, etc., will be assigned by the Quartermaster and the Chief Engineer will be responsible for their proper assignment to specific duties and the efficient performance of their duties. Any inefficiency or laxity in the performance of duties will be promptly reported to the Quartermaster. For information regarding regulations governing civilian employees of the Quartermaster Corps see Circular 1-15, Office of The Quartermaster General.

- (2) The Chief Engineer will be held strictly responsible for the proper care and police of the plant and all equipment in operation therein. The entire plant will at all times receive such attention as is necessary to insure its efficient and economical operation.



## POST QUARTERMASTER

- (3) A log will be carefully and diligently maintained in the power plant which will contain the daily records of operation as entered by the plant operators. It will show the amounts of fuel and other supplies received, expended and on hand at the plant, the equipment that is being operated, the repairs that were made, the personnel on duty and the readings of draft gauges, pressure gauges, vacuum gauges, etc., and all such operating data as is necessary for the proper rendition of intelligent and accurate reports on operation and maintenance. These records will be maintained in such manner as to provide all necessary data for the submission of estimates for funds, requisitions for supplies, etc., whenever required by the Quartermaster.
- (4) Such inspections are necessary to enable the Chief Engineer to keep himself fully informed of the condition of the equipment of the plant and the efficiency of the personnel working under his supervision will be made by him. The Quartermaster will conduct a weekly inspection, to be made on Saturday morning, and such additional inspections as are considered necessary to keep himself informed of the condition of the plant and its equipment. The Administrative Officer of the Day will make at least two inspections of the plant, once between 6:00 PM and 9:00 PM, and once between midnight and 6:00 AM to insure that the personnel on duty at the plant are awake and properly performing their duties.
- (5) The Engineer on watch will be held responsible that no unauthorized persons are permitted to loaf or loiter in the plant and will direct any such loafer or loiterer to leave the premises. In the event of the failure or refusal of a loafer or loiterer to leave as instructed, the office of the Officer of the Day will be promptly notified.
- (6) The whistle of the power plant will be blown as follows only:
  - (a) Fire call will be sounded by one long blast of the whistle (10 seconds). This warning signal will be followed by short blasts (3 seconds each) to designate the location of the fire.
    - 1 Short—Surgical Side, along Girard Road, from Ward A-1 to Commissary. (Box 212).
    - 2 Short—Rear of Hospital, along Edie Road, from Commissary to Laboratory (Box 213).
    - 3 Short—Front of Hospital, along Torney Ave., from Kennedy Ave., to Girard Road (Box 214).
    - 4 Short—Medical Side, along Kennedy Ave., from "K" Wards to Laboratory.
    - 5 Short—Officers' Quarters, along O'Reilly Ave., from Commanding Officer's Quarters to Edie Road (Box 215).
    - 6 Short—Field Buildings (Box 216), assembly at Detachment Medical Department Supply Room.

## POST QUARTERMASTER

- (b) To indicate cessation of work:
  - 1 short blast at 12:00 M.
  - 1 short blast at 4:15 PM.
- (c) To indicate time to resume work:
  - 1 short blast at 12:30 PM.

(7) The issue of ice from the plant will be made to the wards and other departments of the hospital as follows: Mondays, Wednesdays, Fridays and Saturdays from 7:00 to 7:30 AM and on Tuesdays and Thursdays from 7:30 to 8:00 AM. The delivery to the personnel occupying public quarters on the post will be made at such time during the morning hours as transportation may be available and is most convenient for the Quartermaster. No deliveries of ice will be made to the personnel of the hospital other than those occupying public quarters.

b. The various workshops operated under the supervision of the Quartermaster will be governed by the following instructions:

- (1) The foreman of the Plumbing Shop, Steamfitter's Shop, Electrician's Shop, Carpenter Shop, and Paint Shop are responsible for the proper functioning of their respective shops and for the conservation and use of all materials and supplies furnished them for the performance of their duties.

404. **Transportation.**—The Quartermaster is responsible for the maintenance and operation of all motor transportation at this station, consisting of ambulances, passenger vehicles, trucks, etc., and for the issuance of such requests for rail transportation as are required for the travel on competent orders of personnel of the hospital, including patients returning to duty, etc.; also for the preparation and arrangement of shipment of all freight or express shipments, including public and personal property, the shipment of which is authorized by regulations.

a. The following instructions will govern the issuance of rail transportation to personnel departing the hospital and the preparation and shipment of household goods and other property from the hospital.

- (1) (a) The Quartermaster will, upon receipt of competent orders, issue transportation requests to cover such rail transportation and sleeping car accommodations required for personnel departing the hospital. He will be guided in the issuance of such transportation by instructions contained in Army Regulations 30-905, 30-910, 30-920 and 30-925.
- (b) All individuals contemplating travel on an official status should acquaint themselves with instructions contained in the Army Regulations quoted.
- (c) The Quartermaster will in addition to the issuance of transportation requests for travel and sleeping car accommodations, including dependents where authorized, make all necessary reservations whenever requested to do so by the traveler.

## POST QUARTERMASTER

- (d) The Quartermaster will, in the case of movement of tubercular, insane and other patients, prepare itineraries, secure through reservations and make such arrangements with **the carriers as are necessary to insure the utmost comfort for the travelers.**
- (2) (a) Whenever the shipment of remains with an attendant is authorized the Quartermaster will issue the necessary transportation requests to cover the transportation of the remains and attendant as provided in Army Regulations 30-920, 30-955 and 35-1420.
- (b) Whenever the shipment of remains by express is directed the Quartermaster will make the necessary arrangements with the Port Quartermaster, San Francisco Port of Embarkation, Fort Mason, for shipment, as the issuance of bills of lading by the Quartermaster, this hospital, is unauthorized.
- (c) The Undertaker employed under contract by the Quartermaster will be held responsible under his contract that all remains for shipment are prepared in accordance with existing laws.
- (3) (a) Upon receipt of orders for permanent change of station by personnel of the hospital possessing household goods and other personal property requiring packing and crating prior to shipment, application will at once be made to the Quartermaster for the necessary packing and crating. Such application should be made at the earliest possible date after receipt by individual of orders, accompanied by five copies of orders for change of station, in order that arrangements may be made for the packing and crating, thereby avoiding unnecessary delay.
- (b) Upon receipt of application for packing and crating the Quartermaster will immediately prepare a request on the Quartermaster, Ninth Corps Area, for sufficient funds to cover the cost of packing and crating. This request should be based on allowances prescribed in Army Regulations 30-960. Upon receipt of goods to be shipped they will be packed and crated with all possible dispatch.
- (c) All packing and crating of public property for shipment will be accomplished under the supervision of the Quartermaster.
- (4) (a) All public property for shipment from this hospital will be turned over to the Quartermaster for shipment, accompanied by request for shipment, containing the proper address of consignee and such other information as is necessary for him to take intelligent action and insure shipment.



## POST QUARTERMASTER

- (b) Upon completion of the packing and crating of household goods and other personal property of personnel changing station, such goods will be immediately marked with the proper address of the consignee and to show the weights and cubic measurements of packages; these will be listed on Shipping Ticket (Form No. 434 QMC), which will be prepared in triplicate by the Quartermaster and forwarded in duplicate to the Port Quartermaster, San Francisco Port of Embarkation, Fort Mason, accompanied by Certificate of Personal Property Shipped (Form No. 219 QMC) in duplicate. A complete file covering all shipments made by the Quartermaster will be maintained in his office.
- (c) The Quartermaster will be governed in handling the shipment of personal property by instructions contained in Army Regulations 30-960.

405. **Printing.**—The Quartermaster is charged with the operation and maintenance of the printing plant at this hospital and the accomplishment of all authorized printing for all stations of the Ninth Corps Area. He will be governed in the operation and administration of the plant by instructions contained in Regulations of the Joint Committee on Printing, Congress of the United States, Army Regulations 30-2120 and such instructions as may be issued from time to time by The Quartermaster General.

a. The Medical Supply Officer is charged with the furnishing of all stock and materials necessary for the accomplishment of printing required for medical purposes at the hospital. Therefore all requests for such printing will be made to the Medical Supply Officer, who will arrange with the Quartermaster for the accomplishment of the desired printing.

b. The printing of standard forms is prohibited by regulations and requests for the printing therefor will not be honored.

c. No requests for printing will be made direct to the Printer as all work accomplished by him must receive the prior approval of the Quartermaster.

### ORDNANCE

406. **Ordnance Officer.**—All such supplies and equipment of the Ordnance Department as are required at the hospital will be obtained from the Post Ordnance Officer, Presidio of San Francisco, California, on properly approved requisitions.

407. **Handling Supplies and Equipment.**—Inasmuch as no accountability is carried at the hospital for property of the Ordnance Department, such non-expendable property as may be required will be obtained on Memorandum Receipt and signed for by a designated officer of the command who will be responsible to the Post Ordnance Officer, Presidio of San Francisco, California, therefor.

408. **Care to Be Exercised in the Storage and Issue of Firearms and Ammunition.**—Utmost care will be exercised by the personnel of the command responsible for firearms and ammunition to insure that they are properly safeguarded to prevent their theft or falling into the hands of unauthorized persons. To this end the officer signing Memorandum Receipt therefor will be held strictly responsible that all firearms and ammunition in his possession are kept locked in armchests provided for the purpose when not in actual use.

## SIGNAL CORPS

409. **Post Signal Officer.**—The Post Quartermaster at this hospital will be the Post Signal Officer.

410. **Duties in General.**—He is charged with the general administration of the post telephone and telegraph systems and the settlement of all accounts for telephone, telegraph and time service at this hospital. He will be guided in the performance of such duties by such general instructions as are applicable and instructions issued from time to time from the office of the Chief Signal Officer of the Army and the Signal Officer of the Ninth Corps Area.

411. **Telephone System Complaints and Requests for Repairs or Installations.**—All complaints of service and requests for repairs and for new installations will be made to the Post Signal Officer. All requests for new installations of telephones will be made in writing and will fully state the necessity for such installation. All repairs, alterations, installations, etc., to the post telephone system are made by the Signal Officer, Presidio of San Francisco, on request of the Post Signal Officer. All requests for alterations of installation will be forwarded by the Post Signal Officer, through the Commanding Officer of the hospital, to the Signal Officer, Ninth Corps Area, for action.

412. **Classes of Telephone Service.**—a. There will be four classes of tele-service authorized at this hospital, designated as follows:

Class "A"—Telephones authorized for the transaction of official government business only, and which are permitted access to city trunk lines for such business.

Class "B"—Telephones over which personal service is authorized and which are allowed access to city trunk lines for such service.

Class "C"—Telephones restricted to general service within the post; no access to trunks for incoming or outgoing calls.

Class "D"—Telephones restricted not only to post service, but to special classes of service such as fire alarm, guard alarm, watchman service, etc.

b. Each telephone in the hospital will be placed in one of the foregoing classes, such designations to be made from time to time in Memorandum Orders of the Commanding Officer.

c. All city business transacted over the telephones in Class "A" will be considered official. However, if it is desired to put personal calls through to the city, the following procedure will be followed:

- (1) An officer quartered on the post will request the operator to charge the call to the local telephone of his quarters.
- (2) An officer who is not quartered on the post will make a record of the call and forward the cost thereof to the Signal Officer, Presidio of San Francisco, at the close of each month.
- (3) An officer, for whose telephone a city connection is not authorized, may secure same for personal calls by making himself known to the operator and requesting that the cost of the call be charged to his account.

413. **Transmittal of Official Telegraph and Radio Messages.**—Official Telegraph and Radio Messages will be transmitted when approved by the Adjutant, or in his absence, by the officer of the Day.

## FINANCE

414. **Finance Officer.**—All such duties of the Finance Department as are necessary at this station are performed by the Finance Officer, U. S. Army, Fort Mason, San Francisco, California, or his Agent Officer designated by the Finance Officer, Ninth Corps Area, Presidio of San Francisco, California.

415. **Accounts Paid by the Finance Officer at Fort Mason.**—All accounts of officers, civilian employees and nurses, including pay, mileage, etc., and all commercial accounts for supplies furnished or services rendered are paid by the Finance Officer at Fort Mason, San Francisco, California. The papers necessary for the settlement of these accounts will be forwarded to that office in accordance with existing regulations.

416. **Accounts Paid by Agent Finance Officer, Corps Area Finance Office.**—The enlisted personnel of the command are paid by the Agent Finance Officer, Ninth Corps Area Finance Office, who also makes payment of the monetary allowances in lieu of ration to enlisted men on a travel status, and the payment of commutation of rations to enlisted men returning from furlough; also payment of the \$5.00 donation to enlisted men sick in hospital not in line of duty.

417. **Disposition of Funds Required to Be Deposited to the Credit of the Treasurer of the United States.**—All funds coming into the possession of any officer of the command, from whatever source, required to be deposited to the credit of the Treasurer of the United States, will be turned over to the Agent Finance Officer, Ninth Corps Area Finance Office, accompanied by the necessary forms or other papers required by existing regulations.

418. **Computation of Payrolls.**—The payrolls of civilian personnel of the command will be computed, properly authenticated, and forwarded to the Finance Officer, Fort Mason. The payrolls of enlisted personnel will be prepared and forwarded to the Finance Officer, U. S. Army, Fort Mason, San Francisco, California, at the prescribed time for computation of transmission to the Agent Officer, by whom physical payment will be effected.

419. **Time and Place of Payment (Payrolls).**—Upon receipt of advice from the Agent Finance Officer as to when payment is to be effected, orders will be issued from this headquarters designating the place, time and order of payment.

## INSPECTIONS — MILITARY

420. **Police and Sanitation Responsibility of Chiefs of Services and Heads of Departments.**—Chiefs of Professional Services and Heads of Administrative Departments are responsible for the police and sanitation of all activities pertaining to their services and departments. They will institute such measures as may be necessary to maintain all departments and services of the hospital in a condition constantly ready for inspection.

421. **Inspection by Ward Officers, etc.**—Chiefs of Professional Services will hold Chiefs of Sections and Ward Officers responsible for the police and sanitation of their clinic rooms and wards. With this object in view, Chiefs of Services will require them to make at least two (2) daily inspections of their wards, clinics, etc., and to take immediate action to correct the irregularities discovered. One inspection will be made in the forenoon and another in the afternoon, except on Saturdays, Sundays, and holidays when the afternoon inspection may be omitted.

422. **Inspections by Chiefs of Services and Heads of Departments.**—Chiefs of Professional Services and Heads of Administrative Departments, will make inspections at sufficiently frequent intervals to assure themselves that the activities under their jurisdiction are constantly maintained in an orderly, cleanly, and sanitary manner.



## RECREATION

**423. Moving Pictures, etc.—a.** Moving pictures will be shown and other entertainments provided for duty personnel and patients at the Post Theatre as announced in bulletins from time to time.

**b.** For the purpose of identifying members of officers' and soldiers' families, identification cards will be procured from the Recreational Officer. These must be shown at the door.

**c.** Guests of officers and soldiers of this command will be admitted upon presentation of guest cards which may be obtained from the Recreational Officer.

**d.** Uniform or civilian clothing may be worn by duty personnel. Patients will wear the prescribed hospital clothing. Smoking during picture shows is prohibited.

**425. Tennis Courts.—a.** There are three tennis courts available for use of this command: the officers' court, the nurses' court, and the enlisted men's court. These are reserved as follows:

(1) The officers' tennis court—for the officer personnel, their families and guests.

(2) The nurses' tennis court—for nurses, aides, dietitians, and their guests.

(3) The enlisted men's tennis court—for enlisted men and their guests.

**c.** In the event of guests using courts, inviting host must be present excepting in the case of house guests of officers.

**c.** Players will retire after one set in the event others are waiting to use the court. Doubles will have priority over singles.

**d.** When a team is playing and a new team appears or is waiting, the playing team will yield the court after it has played one set. Doubles will have priority over singles.

**426. Service Club.—a.** The Service Club is for the use of the enlisted personnel on duty at this hospital. It will be open from 7:00 AM until 10:30 PM daily.

## RECREATION

b. Drinking, gambling, loud or boisterous talking, rowdyism, and quarreling will not be permitted.

c. Only one form of music will be played at one time. When the radio is playing, other forms of music will not be permitted.

d. Care will be exercised that matches, ashes, cigarette butts, etc., are placed in the proper receptacles.

e. Books, magazines and periodicals will not be removed from the club.

f. Service or white uniforms will be worn while in the Service Club.

**427. Organization Day.**—Organization Day of the Letterman General Hospital is December 18. Appropriate ceremonies and recreational events will be held in celebration of this day.

## BLANK FORMS

428. **General.**—For convenience of administration and for uniformity, the following list of local blank forms is authorized for this hospital. Additional forms or changes in the forms now authorized will only be made upon the approval of the Commanding Officer. Obsolete forms will be turned in to the Medical Supply Officer for salvage. The Medical Supply Officer is charged with the procurement, storage, and issue of all local forms. These will be issued to the various departments and wards upon requisition submitted on the first issue day of each month. Economy will be practiced in the use of all forms and in no instance will they be used for any purpose other than that for which the form was intended.

### 429. List of Local Blank Forms.—

- 1—
- 2—
- 3—Numerical Report
- 4—Appointment Card
- 5—Door Card
- 6—
- 7—
- 8—Request for Physiotherapy
- 9—
- 10—Diagnosis Card
- 11—
- 12—Report of Seriously Ill Cases
- 13—Record of Admission
- 14—Patients Disposition
- 15—Hospital Status Notification
- 16—Request for Dental Treatment
- 17—Death Report
- 18—Death Toe Card
- 19—X-ray Record Card
- 20—Ward Transfer Card
- 21—O. D. Detail
- 22—List of Seriously Ill
- 23—Operation List
- 24—Visitor's Pass
- 25—Bed Card
- 26—Transfusion Record
- 27—
- 28—Report of Pre-operative Examination
- 29—Reference Slip
- 30—Patient's Clearance
- 31—
- 32—
- 33—N. C. O. Report, Ward S-1
- 34—
- 35—Bill of Fare
- 36—Diet Card



## BLANK FORMS

- 37—Additional Articles Diet
- 38—
- 39—Nurses Time on Duty
- 40—Pass
- 41—Nurse's Report (Evening)
- 42—Mess Issue Slip
- 43—Letterhead, Commanding Officer  
(1st and 2nd sheets)
- 44—Letterhead, General  
(1st and 2nd sheets)
- 45—Mess Stock Card
- 46—
- 47—
- 48—List of Vacant Beds
- 49—List of Money and Valuables  
Deposited
- 50—Diabetic Record
- 51—Patients Fund Card  
(Record of financial transactions  
with patients)
- 52—
- 53—Ward Directory Card
- 54—Wash List, Bed and Table Linen
- 55—Pay Roll Slip
- 56—Venereal Report
- 57—Ear, Nose and Throat Report
- 58—Laboratory Report Spinal Fluid
- 59—Eye Examination Slip
- 60—Dental Laboratory Slip
- 61—
- 62—
- 63—Consultation Request
- 64—Monthly Report of Patients in  
Wards
- 65—Individual List, Disposition of  
Clothing and Equipage
- 66—Wash List, Army Nurse Corps
- 67—Laundry List, Enlisted Patients
- 68—Post Exchange Indebtedness
- 69—Report of Administrative O. D.  
& Guard Report
- 70—Ration Report
- 71—Skin Temperature and Vasso-  
Motor Index
- 72—Subsistence Card
- 73—
- 74—
- 75—Patients to be Discharged
- 76—Narcotic Register

## BLANK FORMS

- 77—
- 78—Admission Card
- 79—Nurse's Medication List
- 80—Discharge Recommendation,  
Disability
- 81—
- 82—Doctor's Order Sheet
- 83—Treatment Record Nurse's Report  
Sheet
- 84—Temperature, Pulse & Respiration  
Sheet
- 85—Prenatal Clinic
- 86—Labor Record
- 87—Report of Birth
- 88—Report of Professional O. D.
- 89—Report of Communicable Diseases
- 90—Pass List, Regular
- 91—
- 92—Electrocardiographic Report
- 93—
- 94—Request for Purchase of Non-  
Standard Medical Supplies
- 95—Monthly Overage and Shortage  
Report
- 96—Proctoscopic Examination
- 97—Record of Neurological Examina-  
tion
- 98—Proceedings of Disposition Board  
(1st and 2nd sheets)
- 99—Statement of Hospital Charges
- 100—The Hospital Fund Receipt
- 101—Home Visit Card Outpatient  
Service
- 102—Subsistence Special Nurses
- 103—Application for Treatment of  
Dependents
- 104—Certificate of Dependency
- 105—Library Notification Card
- 106—Library Loan Card
- 107—Laboratory Requests and Special  
Examinations
- 108—Outpatient Clinic Reference
- 109—Anesthesia Record
- 110—Animal Inoculation Card
- 111—
- 112—Patient's Baggage Room Clothing  
Check
- 113—Outpatient Service Work Sheet
- 114—

## BLANK FORMS

- 115—
- 116—Clearance Card
- 117—
- 118—Report of Removal from Seriously  
    Seriously Ill List
- 119—Special Privilege Card
- 120—Pharmacy Labels
- 121—Special Orders
- 122—Civilian Employee's Record
- 123—Notification, Admission of Pa-  
    tients
- 124—Notification, Discharge of Pa-  
    tients
- 125—Data for Statistical Report of  
    Communicable Diseases
- 126—Request for Purchases for N. P.  
    Patients
- 127—
- 128—Affidavit
- 129—Guard Report
- 130—Salvage List
- 131—Nurse's Record
- 132—Laboratory Report (Stomach  
    Contents)
- 133—Clinical Record, Neurological  
    Examination
- 134—Laboratory Report, Glucose  
    Tolerance Test
- 135—E. E. N. & T. Vestibular Tests
- 136—E. E. N. & T. Caloric Test
- 137—Nurse's Delivery Room Record
- 138—Instruction for Post-operative  
    Nose and Throat Cases
- 139—Notice, Patients' Money and  
    Valuables
- 140—Radiogram
- 141—Subsistence Card
- 142—Instructions, Basal Metabolic  
    Test
- 143—Diet, Convalescent Ulcer Cases
- 144—Record of Seriously Ill Cases
- 145—Medical Supply Price Inquiry  
    Sheet
- 146—Food Chart
- 147—Form Letter, Clothing Discharged  
    Soldier
- 148—Abstract of Individual Clothing  
    Slips
- 149—Bin Card



## BLANK FORMS

- 150—Work Order
- 151—Issue Ticket
- 152—Rules for Patients
- 153—Record for New Born
- 154—Water Balance Chart
- 155—
- 156—
- 157—
- 158—Diabetes Mellitus, Instructions for
- 159—Report of X-ray & Radium  
Therapy

## LIBRARY

430. **Composition**—The Library at this station consists of all medical, reference, fiction and other books issued or furnished to this station, together with such journals, magazines, periodicals, or newspapers as may be allotted, purchased from authorized funds or procured in other lawful manner. It includes, in addition to all books in the main Library, those volumes issued to the various services and departments of the command.

431. **Officer in Charge**—The Library will operate under the supervision of a commissioned officer of the Medical Department detailed by the Commanding Officer and designated as the Librarian. He will assume the property accountability for all books, the proper conduct of the Library, and the proper performances of duty by personnel detailed therein. He will be responsible that the provisions of AR 35-6800 are complied with.

432. **Hours**—The Library will be open from 9:00 AM to ~~8:00~~<sup>4:00</sup> PM daily. Saturdays, Sundays and holidays from 9:00 AM to 4:00 PM.

433. **Circulation of Books**—Medical books and periodicals may be withdrawn for personal use by officers of the command, members of the Army Nurse Corps, and interns. Enlisted men of the command may withdraw medical books and periodicals upon written approval of the officer in charge of their department. Medical Officers on duty at other posts may withdraw medical books and periodicals after obtaining authority therefor from the Librarian.

b. Only members of the command, including members of their immediate families, and patients, are authorized to borrow books from the Library except as indicated above. Not to exceed three (3) books will be loaned any individual at a time.

c. All books may be loaned for a period of fourteen days, with a privilege of renewal, except that loans of new and frequently used books will be limited to seven days with no renewal privilege.

d. Library service will be extended to all bed patients at least once each week and oftener if personnel and facilities are available. Special service will be rendered to bed patients upon request of the ward nurse.

434. **Inventories**—All books will be inventoried at least twice each year.

435. **Conduct in Reading Room**—Persons using the library room will maintain at all times strict quietness and will in no way by their actions or conduct make themselves objectionable to other readers. Books and periodicals will be handled with care and every effort made to keep them in good condition. Wilful tearing, mutilating or otherwise damaging books, periodicals or newspapers will be cause for disciplinary action. No smoking will be permitted in the library.

436. **A Dictionary Catalogue of Books**—A card catalogue will also be maintained in which each book will be listed according to author, title and subject, all cards filed according to standard library practice.

## MISCELLANEOUS

437. **Police.**—a. The police officer is responsible for:

- (1) Police of roads, walks and areas not otherwise provided for;
- (2) Corridors;
- (3) Cutting and watering of lawns;
- (4) Removal of trash and refuse;
- (5) Cleaning of garbage and trash cans.

b. The officer in charge of the garden is responsible for:

- (1) Operation of greenhouses, flower garden, trimming and care of hedges, trees and shrubbery;
- (2) Care of flower beds;
- (3) General landscaping;
- (4) Propagation and watering of flowers, and potted plants;
- (5) Cutting of flowers.

c. Officers in charge of wards and other buildings will be responsible for monitoring police of corridors, walks and grounds in the immediate vicinity of their wards and buildings.

438. **Disposal of Wastes.**—a. Definition. WET garbage is defined as that waste material which may be used as feed for hogs. ALL OTHER material is classed as GENERAL DRY waste material and is divided into two groups: DRY wastes and SOLID DRESSINGS. Proper receptacles are available at appropriate places for the reception of waste material.

b. WET garbage of the hospital is sold under contract by the Government for use as hog feed, and it is necessary that it be kept free of all material not fit for use as hog feed, such as:

- (1) Coffee grounds;
- (2) Tea leaves;
- (3) Egg shells;
- (4) Citron, orange, lemon and grapefruit rinds;
- (5) Banana peels and stalks;
- (6) Fish heads and scales;
- (7) Broken glass;
- (8) Unbroken glass bottles, jars, etc.;
- (9) Tin cans;
- (10) Waste paper;
- (11) Ashes.

c. The paper or other material with which garbage containers in quarters are usually lined to keep the containers clean must be separated from the garbage before it is placed in the "wet" garbage cans for collection.

d. DRY wastes except soiled dressings will be placed in cans marked "DRY." SOILED DRESSINGS will be placed in cans marked, "DRESSINGS ONLY."

e. Those in charge of the various messes will require that all cans to be discarded are mashed flat (incapable of holding fluids) before being placed in containers, marked "CANS ONLY."

f. The Police Officer will report to headquarters instances of failure to comply with the foregoing instructions.

439. **Radio Antennae.**—All radio antennae will be equipped with lighting arrestors and will be inspected by the Quartermaster to insure that no fire hazard is caused by such installation.



## MISCELLANEOUS

**440. Pets.**—All stray cats found on the reservation will be disposed of.

a. Owners of cats on the post will see that each such pet wears a bell on its neck when out of quarters. This procedure will prevent pets being picked up as stray animals.

b. Dogs.—Owners of dogs maintained on the Letterman grounds will hereafter keep them indoors during hours of darkness. During daylight hours, dogs will not be permitted outside unless kept on a leash or under immediate surveillance of the owner.

**441. Distribution of Literature.**—The distribution of literature throughout the wards of this hospital will be accomplished only by the Chaplain. All visitors having such literature in their possession will be referred to the Adjutant.

**441½. Red Cross.**—The American National Red Cross provides a welfare service at this hospital—which functions in accordance with Army Regulations and instructions issued from time to time by the Commanding Officer.

## MOTOR VEHICLES AND TRAFFIC REGULATIONS

442. **General.**—Road rules, traffic signals and speed limits prescribed for the city of San Francisco and California, except as modified by official road signs will be observed on this Post. The provisions of AR 30-1075 will be strictly observed at all times in the operation of motor vehicles.

443. **Licenses.**—a. Privately owned automobiles will not be operated on the Letterman Reservation unless they be legally registered and licensed according to the laws of California.

b. No member of this command will be permitted to drive a privately owned motor vehicle on the Letterman General Hospital Reservation without having in his or her possession a valid motor vehicle operator's license issued to the individual concerned.

c. Except as indicated in d below, all privately owned automobiles and motorcycles maintained by residents of the Letterman General Hospital, or operated on the reservation by personnel on duty thereat, will be equipped with Letterman General Hospital license tags. These will be displayed above—and attached to—each license tag of the vehicle. These tags will be renewed annually. They may be obtained at the Post Exchange. Lost tags will be replaced by new ones.

d. Personnel on duty at Letterman General Hospital and residing at the Presidio of San Francisco or Fort Winfield Scott will equip their privately owned automobiles with Letterman tags or tags prescribed by the post of residence.

444. **Operation of Official Automobiles.**—The following instructions will govern the use and operation of the motor transportation of this hospital:

a. No motor transportation will be furnished for other than official business and for such recreational purposes as may be approved by the Commanding Officer, and will be furnished on the orders of the following only:

- (1) Any or all by the Commanding Officer, Executive Officer, Adjutant, or in his absence by the Sergeant Major or Officer of the Day.
- (2) Ambulances by an officer of the Out Patient Service or the Officer of the Day.
- (3) The passenger vehicles assigned to the Outpatient Service by an officer of that service.
- (4) The trucks by the Quartermaster or Chief Clerk acting for the Quartermaster.

b. For the purpose of proper operation and maintenance of the motor transportation, the Quartermaster will utilize to the best of advantage such enlisted personnel of the Quartermaster Corps as may be available and the enlisted personnel of the Medical Department assigned to duty in connection therewith. A suitable noncommissioned officer will be assigned to duty as assistant to the Quartermaster and noncommissioned officer in charge, whose duty it will be to see that all duties of the personnel assigned to this service are properly and efficiently performed, reporting immediately any irregularity or inattention to duty to the Quartermaster. This noncommissioned officer will also be held responsible for the assignment to specific duties of all such personnel and the care and proper use of such equipment and supplies as are issued for the maintenance and operation of the motor transportation.

## MOTOR VEHICLES AND TRAFFIC REGULATIONS

c. All supplies and equipment required in connection with the operation of the motor transportation will be personally obtained from the storeroom by the noncommissioned officer in charge of transportation. No issues of this class of equipment or supplies will be made to any other person. All tires issued will be issued and signed for by serial number. The noncommissioned officer in charge of the Quartermaster storeroom will maintain a record showing the make and serial number of all tires issued to and turned in by the noncommissioned officer in charge of transportation.

d. Such dispatches and drivers as are necessary to insure that all emergency calls for ambulances and the cars of the Outpatient Service may be promptly responded to will be on duty at all times, including the night hours.

e. All operators of motor vehicles will be instructed in their operation, and will be required to have a thorough knowledge of the rules of the road and speed limitations as set forth in Training Regulations No. 75-85. Speed limits prescribed locally, even though less than those prescribed in the Training Regulations referred to will not in any case be exceeded and any violation of regulations governing the use or operation of motor vehicles will be promptly reported to the Quartermaster who will take proper action to secure the punishment of the offender and to prevent a possible recurrence.

f. No baggage or other freight will be transported in ambulances. There is a service provided for the transfer of baggage, etc., to and from the hospital. The truck used for this purpose makes trips to the city leaving the hospital at 1:00 PM daily (Saturdays, Sundays and holidays excepted) and all small lots of baggage, etc., will be handled on this truck. All requests for handling of baggage should be in the office of the Quartermaster by 12:00 M. in order that the baggage may be handled on date of request. No special trips will be made for this purpose except in case of emergency or where the amount of baggage to be transported is too great to be properly handled by this truck.

g. On the 10th and 25th of each month, except when these days fall on a Sunday or holiday (in which case the inspection will be made on the day following), the Quartermaster will make a thorough inspection of all motor vehicles in operation, as required by paragraph 1, Army Regulations 30-1075, to determine the mechanical deficiencies, appearance, lubrication, adjustment and carelessness and indifference in operation of each vehicle. For this purpose all such personnel and vehicles as are not out on emergency calls will be turned out and parked in the area just in front of the garage. The noncommissioned officer in charge of the garage will be present to assist in making the inspection and will keep himself thoroughly familiar with the condition of the vehicles in order to furnish such information as may be desired by the Quartermaster when making the inspection; he will also maintain a record of all cases of carelessness or indifference shown by drivers in the operation of vehicles in order that such information may be included in reports of inspection and that necessary corrective action may be taken. The noncommissioned officer in charge of the transportation will prepare the necessary reports immediately after each inspection and submit same to the Quartermaster for signature and transmittal to the Commanding Officer.



## MOTOR VEHICLES AND TRAFFIC REGULATIONS

h. The noncommissioned officer in charge of the garage will be held responsible that all drivers of motor vehicles have in their possession at all times when on duty at least one Standard Form No. 26, Driver's Report of Accident, on which report will be prepared by driver and submitted to the Quartermaster immediately after each accident, no matter how trivial. Care will be taken to insure that all information called for on this form, including the name and address of owner and driver of other vehicle in case of collision, also the names and addresses of witnesses, are legibly entered thereon and that the form is completely accomplished. Upon receipt of the Drivers Report of Accident the Quartermaster will immediately make a thorough investigation of the accident and submit a report of accident to the Commanding Officer for action as required by paragraph 14 b, Army Regulations 30-1075. For action in connection with claim for damage to private property see Army Regulations 35-7040.

i. All enlisted men assigned to duty as drivers of motor vehicles will be sent to the local office of the Division of Motor Vehicles, San Francisco, California, for the prescribed state examination, and issuance of the State Operators Permit, after which they will be issued a Government Operators Permit on Q.M.C. Form 228, which which will be retained in their personal possession at all times when engaged in the operation of motor vehicles. The Quartermaster will be held responsible for the proper examination of all enlisted men assigned to duty as drivers, and the issuance to them of the Prescribed Government Operators Permit. When a driver is permanently relieved from duty requiring him to have in his possession such permit, the same will be turned in to the Quartermaster.

j. The noncommissioned officer in charge of the garage will be held responsible that all motor vehicles are properly equipped with non-skid chains and that they are placed on all vehicles prior to departure from the garage whenever the roads are at all wet and slippery, and he will carefully instruct all drivers that when away from the garage and the roads become slippery they are to stop immediately and place chains on prior to proceeding further on their trip.

445. **Parking.**—a. Classes of persons authorized parking space.—Subject to the provisions of these regulations, the following classes of persons are permitted to keep motor vehicles at this hospital:

Class 1—Duty Officers and Nurses.

Class 2—Enlisted Men (Duty) and Civilian Employees.

- b. **Assignment of Parking Space.**—(1) Permanent parking space will be assigned the classes of personnel named above, by the Quartermaster, upon receipt of written application. The name of the owner, rank, branch of service, type and make of car, and license number will be stated in the application.
- (2) The Quartermaster will keep a list of the assignment together with the numbers and descriptive data of the cars.
- (3) A change of license number will be promptly reported to the Quartermaster by the owner of the car.

f. **Enforcement of parking Regulations.**— Under the direction of the Officer of the Day, noncommissioned Officers and watchmen of the Guard are charged with the enforcement of parking regulations. Watchmen of the Guard will be constantly on the alert to prevent parking in unauthorized areas. They

## MOTOR VEHICLES AND TRAFFIC REGULATIONS

will note the time of parking, and see that the provisions of this regulation, as applies to the length of time cars may be parked, are observed. They will immediately notify the Sergeant of the Guard of cars not properly parked and whose drivers are not in the vicinity. The Sergeant of the Guard will, upon location of the driver, direct prompt compliance with these regulations. The Sergeant of the Guard, on each tour of the hospital, will note the compliance of these regulations.

**446. Operation of Private Automobiles.—a.** Accidents. Any person in the military service or any civilian employed at this station, who is a party to an accident on the reservation, will submit a detailed report thereof to the Adjutant within twenty-four hours. Members of the command who witness an accident anywhere, involving either personal injury or damage to property of the government or of hospital personnel will submit a similar report. The report will include:

- (1) Names and addresses of all persons and witnesses involved.
- (2) Time of Accident.
- (3) Registration numbers of cars.
- (4) Names and addresses of insurance companies concerned.
- (5) Action taken immediately after the accident.

**b.** Registration. Motor vehicles owned by the personnel referred to above will be registered with the Adjutant. Changes in ownership of motor vehicles will be reported promptly. Owners will re-register motor vehicles immediately after the issuance of new license plates and not later than February 15 of each year. Registration blanks may be obtained at the office of the Adjutant, and upon registration, Post Tags will be issued to the owner which will be placed above State License plates. When a Post Tag is lost the owner will obtain another. Upon transfer of title of a motor vehicle, the Post Tag will be removed from the vehicle and returned to the Adjutant.

**c.** All motor vehicles owned by persons actually residing at Letterman General Hospital, and operated on this reservation, will be covered by Personal Injury and Property Damage Liability Insurance and such coverage will be a prerequisite to registration.

**d.** Minimum Requirements. Owners referred to in **c** above, will obtain from an insurance carrier legally conducting business within the State of California, a policy or policies covering personal injury and property damage. Such policy or policies will carry, as a minimum: (1) Ability to respond in damages arising by reason of personal injury to, or death of, any person or persons, of at least Five Thousand Dollars, and (2) Ability to respond in damages to property of at least One Thousand Dollars resulting from any one accident.

**e.** The operation on this reservation of any motor vehicle owned by the personnel referred to in **c** above, or owned by dependent members of families of such personnel, is prohibited, unless the provisions of this regulation governing registration and insurance are complied with.

## SALESMEN AND COLLECTORS

447. **Salesmen and Collectors.**—In order that reputable business firms may conduct non-government business with members of this command without interfering with the official duties of such members, the following measures will be strictly observed by all concerned:

a. In so far as practicable only reliable representatives of reputable business concerns will be permitted to solicit business on the Letterman General Hospital reservation. However, reliability of agents, salesmen, companies, and merchandise cannot be vouched for.

b. Canvassers, salesmen, and collectors for civilian firms will not be permitted to interview members of this command on this reservation except by definite appointment.

c. Personal interviews between salesmen or agents and members of this command can be held only when the members of the command are off duty and only in the following places:

- (1) For Officers: Staff room in Administration Building.
- (2) For Nurses: Chief Nurse's Office, Nurses' Quarters.
- (3) For enlisted men: The Detachment Office.
- (4) For patients: Post Exchange.

d. Such advertising material as commercial firms may care to distribute to members of this command will be sent through the mail or delivered to the Adjutant and distribution effected from that office.

e. Salesmen, agents, and collectors will not be permitted to solicit business, make collections, etc., in squadrooms or any other places on the reservation other than those indicated above.

f. All merchandise, insurance policies, etc., purchased by members of this command, must be delivered to individuals through the mails, or to the persons concerned at the places indicated in c at such time as the purchaser is off duty.

g. Newsboys authorized by the Adjutant to sell papers on the reservation are excepted from the above provisions.



## INTERNS

*See Memo - # 59. 5-8-40*

448. **General.**—a. The period of instruction is from July 1 to June 30, inclusive.

b. The mission of the course of instruction is to give to the graduate in medicine the practical professional training necessary to fit him for general medical and surgical practice.

c. Regular duty hours are from 8:30 A.M. to 5:00 P.M., except on Saturdays, Sundays and holidays. Regular duty will usually end at noon on the excepted days. Whenever necessary to complete work assigned, additional time will be devoted to duties. *See Memo # 59. 5-8-40*

449. **Status.**—Interns are civilian employees, but unofficially and as far as consistent, they will be recognized and treated as if they were present on the status of commissioned officers. In all professional matters they will be held responsible for the patients under their charge subject to the immediate direction of the Ward Officer, and the general direction of the Chief of Service. Interns will avoid direct participation in the maintenance of discipline in and about the hospital, but will be encouraged and supported in bringing to the attention of the proper authorities for such action as may be deemed necessary any infractions of discipline that may fall under their immediate observation. Each intern will be under constant observation to determine his moral, professional and physical fitness and aptitude for a commission in the Medical Corps, Regular Army.

*See Memo - # 59 5-8-40*  
450. **Discipline.**—Interns are expected to read current hospital rules and regulations carefully and to conform to them.

*See 11*  
451. **Uniform.**—Uniform worn while on duty will consist of white duck coat with brassard on left arm, and trousers, white shirt and black tie, and white shoes with rubber heels. A supply of these articles will be purchased by each intern. Uniforms will be laundered at the hospital laundry without cost to the interns.

*See 11*  
452. **Quarters.**—Rooms are provided in the hospital for interns. The necessary bed linen and towels will be provided by the hospital and will be laundered as a part of the hospital linen. Recreation rooms and libraries provided for officers on duty are accessible to interns.

453. **Meals.**—Subsistence will be provided in the hospital mess without cost to the interns. Interns will eat in the Officers' Mess at the prescribed hours.

454. **Program of Instruction.**—

a. **Medical Service.**—5 months.

To include:

General Medicine

Pediatrics

Gastro-Intestinal Diseases

Cardio renal Diseases

Communicable diseases

Neuropsychiatry

*See # 59*

*Mind.*  
*Rec # 59 5-8-40*

## INTERNS

### b. Surgical Service.—5 months.

To include:

General Surgery

Orthopedic surgery

Eye, ear, nose and throat

Gynecology

Obstetrics (Attendance at 6 confinements by each intern will be required as a minimum)

Genito urinary

X-ray

Anesthetics (the administration of 20 anesthetics by each intern will be required as a minimum)

### c. Laboratory service.—2 months.

To include:

Clinical microscopy

Bacteriology

Pathological histology

Serology

Prophylactic and therapeutic procedures

Autopsies (the performance of 2 autopsies by each intern with preparation of tissues for microscopical examination will be required as a minimum)

Physiological chemistry

455. **Record of Progress and Efficiency.**—The Training Officer will keep a record of progress and efficiency of interns. Each intern will be graded at the end of each month under the following headings: Physical ability, physical endurance, bearing and neatness, attention to duty, tact, initiative, integrity, force, judgment, professional ability, adaptability, and dependability. The grade awarded will be the result of personal observation by the Training Officer, the Chief of Service, and the officer with whom the intern worked during the month.

456. **Emergency Duty.**—a. Two interns will be placed on emergency duty each day.

b. The Emergency Medical Intern and the Emergency Surgical Intern will act as assistants to the Officer of the Day to whom they will report at the beginning of their tour. The tour of duty for the Emergency Interns will begin at 9:00 AM and continue for twenty-four (24) hours. The Officer of the Day will prescribe duties of interns on emergency duty. Unless designated to make an ambulance call, interns on emergency duty will remain within the limits of the hospital reservation and sleep in the room provided for that purpose. They will keep the Officer of the Day's Office informed of their whereabouts at all times during their tour of duty. They will accompany ambulances on emergency calls when designated to do so by the Receiving and Evacuation Officer or the Officer of the Day. The duties of the Emergency Intern designated to accompany ambulances will be as follows:

- (1) He will report without delay to the Officer of the Day's Office for the prescribed emergency medical kit which he will take with him on the ambulance.

## INTERNS

- (2) In case of uncertainty as to the patient's being entitled to medical attendance, he will be governed more by the needs of the patient for emergency hospital treatment than by the question of his military status, and the patient's life should not be placed in jeopardy by any delay in making an investigation of this point. Where it is clearly necessary for admission to hospital to save life or prevent extreme suffering, the admission of civilians is authorized by A.R. 40-590.
- (3) He will conduct sufficient examination of the patient to enable him to determine his condition, will institute appropriate first aid treatment where indicated, will determine the question of advisability of moving the patient and will be responsible for the safety and well being of the patient during his transfer to the hospital.

*See Memo. # 5-9*



## GUIDE TO INDEX

All subject matter is indexed under four main headings: ADMINISTRATIVE DIVISION, PROFESSIONAL DIVISION, ADMINISTRATIVE PROCEDURE, and DUTY PERSONNEL. All matter pertaining to any specific department, service or section will be found under either the Administrative or Professional divisions. All general matter pertaining to more than one department, service or section will be found under Administrative Procedure; (i.e., Conduct of Patients is indexed under Administrative Procedure, Medical Supply under Administrative Division, and Laboratory under Professional Division.) All matter pertaining to duty personnel will be found under that heading. Cross indexing has been employed where necessary.

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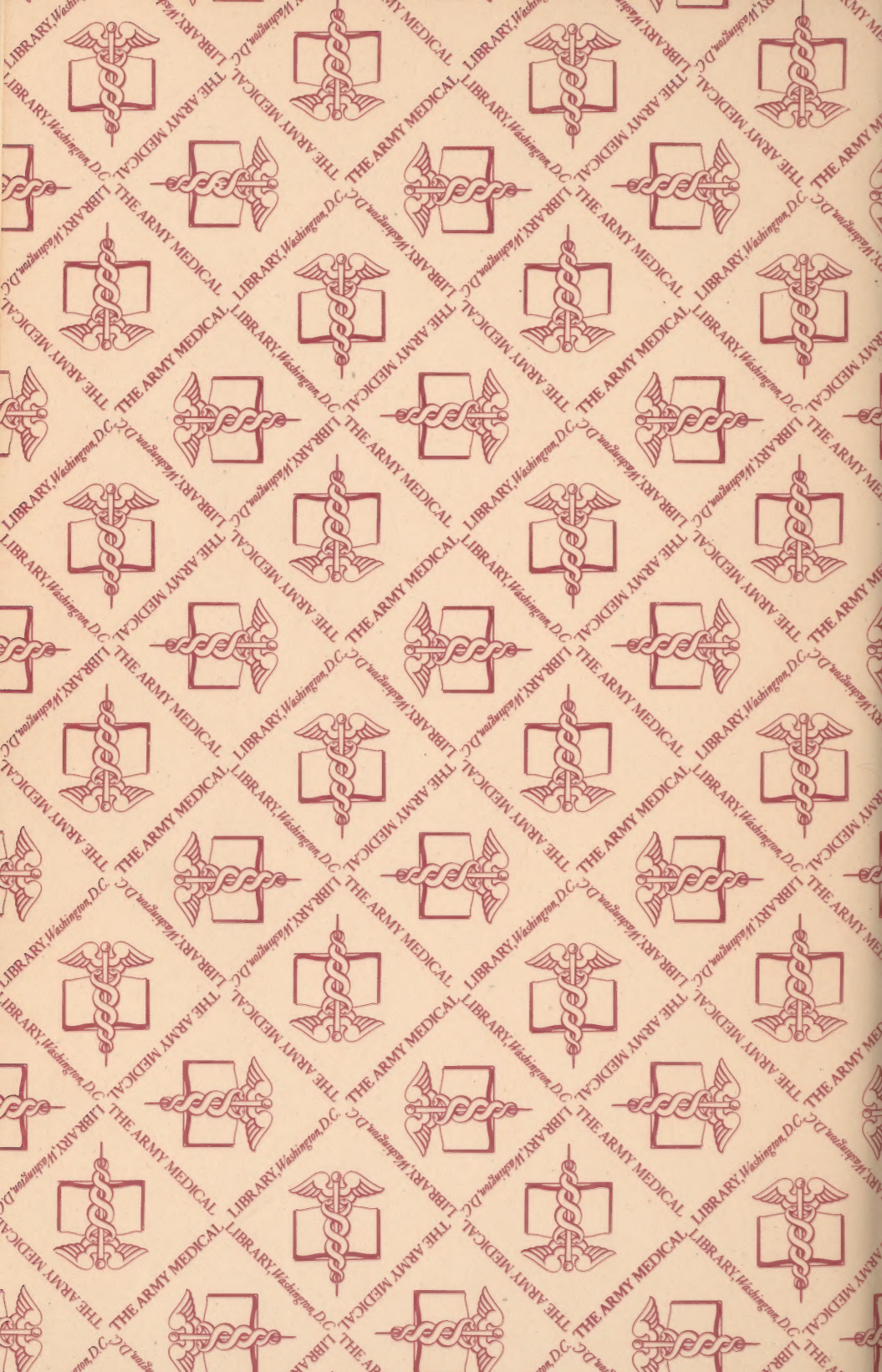
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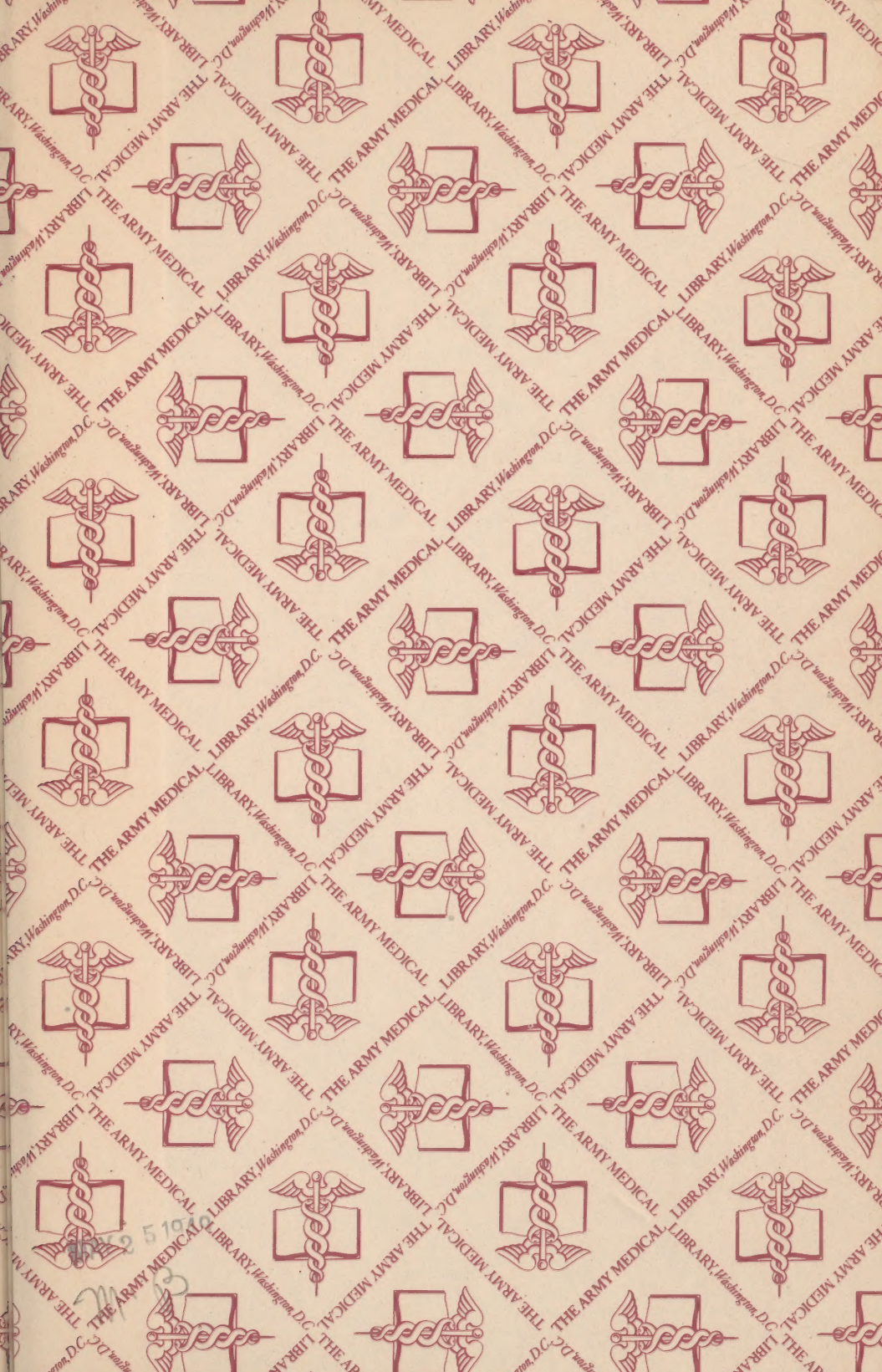












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